

Important Information Regarding Your Enrollment!!!

General Board of Pension and Health Benefits of The United Methodist Church (the General Board)

Plan Sponsor Name

Optional Life Plan

Policy #:128890

EE NAME

EE ADDRESS 1

EE ADDRESS 2

CITY, STATE ZIP

Your Plan Sponsor has elected to provide certain employee benefits for you through the Comprehensive Protection Plan (CPP), sponsored by the General Board of Pension and Health Benefits of The United Methodist Church and insured through Unum Life Insurance Company of America.

By taking action now you have the opportunity to:

- *Enroll in up to \$100,000 of additional Life and AD&D Insurance without showing proof of good health! No medical exams, no health questions! (Refer to the enclosed 'Term Life Insurance and AD&D Coverage Highlights' for dependent coverage options and other important information.)*
- *Enjoy affordable rates, billed to you at home, to help satisfy your family's life insurance needs!*

You may enroll and designate beneficiaries online or by completing the enclosed forms*.

To enroll in Optional Life and AD&D coverage online, designate beneficiaries, confirm your current coverage, obtain detailed coverage information, and/or view an employee certificate booklet please visit the following website: <https://www.enrollment.com>.

- **Enter your log-on ID:** umc, your last name, last 4 digits of your SSN (Example:umcsmith9999)
- **Enter your password:** first initial first name, last name, birth year (Example: jsmith1966)
You will be prompted to change your password for security reasons. Should you have any questions concerning your username and password, please call the number listed below.
- Once you are on the site please complete your beneficiary designations immediately. You may print a copy of the screen showing your completed beneficiary designation(s) for your personal records. If you do not designate a beneficiary, the payment of benefits will default to the provisions of the contract.

If you prefer to complete the enclosed paper forms, please fax the completed forms to 1-207-575-0745 or return them in the enclosed envelope to Unum. Instructions to complete the forms are enclosed. ***Remember to make a copy for your personal records.***

(Over)

Once you have enrolled, you will receive your first quarterly bill by April 1, 2009. Thereafter you will continue to receive quarterly bills which will be effective and due the first day of the quarter. If you have questions, please call one of our Client Service Associates at 1-800-985-0242 Monday through Friday from 8:00 AM to 5:00 PM (Eastern Time). Voicemail is available for after hours and weekend calls.

Your Unum Client Service Center

****Please note: You must enroll before 02/27/2009 to obtain additional coverage with 'no proof of good health'. Enrollment after 02/27/2009 will require 'Evidence of Insurability' to obtain additional coverage.***



**The Employee Welfare Benefit Trust
of The United Methodist Church
Optional Life & AD&D Enrollment Form
Policy: 128890**

Please print or type all information in BLACK INK for electronic imaging.

Please Note: This form is for new enrollees only. Any changes must be made through your Plan Sponsor.

Employee Information:

Employee Name: _____	Social Security #: _____
----------------------	--------------------------

Spouse Information: *(complete only if spouse coverage is elected)*

Name: _____ Social Security _____ - _____ - _____
DOB: ____ / ____ / _____

Coverage Elections:

<p>Please write in amount of coverage requested:</p> <p>Employee Life & AD&D Coverage Amount: \$ _____ <i>You may elect \$10,000 increments (minimum coverage \$10,000; maximum coverage of \$500,000)*.</i></p> <p>Spouse Life Coverage Amount: \$ _____ <i>You may elect \$5,000 increments (minimum coverage \$5,000; maximum coverage can not exceed the lesser of 100% of employees coverage or the plan maximum of \$100,000).</i></p> <p>Child(ren) Life Coverage Amount: \$ _____ <i>You may elect \$1,000 increments (minimum coverage \$1,000; maximum coverage can not exceed the lesser of 100% of employees coverage or the plan maximum of \$25,000) The amount you elect will be provided to each of your eligible children, up to age 19, or to age 25 if they are full time students. You do not need to list child(ren)'s name(s) individually.</i></p>
--

If you choose an amount over the Guarantee Issue limit for you (any amount over \$100,000) or your spouse (any amount over \$25,000), or if you do not apply when you are first eligible, you will need to complete an Evidence of Insurability form. The amount of coverage over your Guarantee Issue amount will be subject to medical underwriting approval and will become effective on the first of the month coincident with or next following the date Unum approves your Evidence of Insurability form. If you do not apply when you are first eligible, you will need to complete an Evidence of Insurability form and coverage will become effective on the date that Unum approves your Evidence of Insurability form. **If your election requires Evidence of Insurability, an application will be mailed to your home.*

I understand that a quarterly premium statement (monthly rates and calculations on reverse) will be sent to me by Unum and must be paid in full within 31 days of the due date for Employee, Spouse and Child(ren) Life Insurance, and these premiums can be changed in accordance with the plan.

I verify that the information provided on this sheet is accurate. I understand that I must be actively at work on both the enrollment and effective dates for any coverage to be effective; and that the plan does not cover any losses where death is caused by, contributed by, or results from suicide occurring within 24 months after my or my dependent's original effective date and/or after the date any additional insurance becomes effective for me and/or my dependents.

Employee Signature: _____ **Date:** ____ / ____ / _____

Please see reverse side for rates and additional enrollment information.

Employee & Dependent Premium Rate Structure:

Employee/Spouse Life (standard is age on your last birthday and premium is calculated at current anniversary minus year of birth)					
AGE	LIFE (per \$1,000)	AGE	LIFE (per \$1,000)	AGE	LIFE (per \$1,000)
Less than 25	\$.057	71	\$2.367	86	\$8.457
25-29	\$.057	72	\$2.597	87	\$8.567
30-34	\$.057	73	\$2.817	88	\$9.657
35-39	\$.067	74	\$3.047	89	\$10.297
40-44	\$.107	75	\$3.297	90	\$10.967
45-49	\$.167	76	\$3.587	91	\$11.667
50-54	\$.277	77	\$3.937	92	\$12.377
55-59	\$.427	78	\$4.347	93	\$13.087
60-64	\$.667	79	\$4.777	94	\$13.947
65	\$1.327	80	\$5.257	95	\$14.877
66	\$1.397	81	\$5.747	96	\$15.827
67	\$1.547	82	\$6.247	97	\$16.867
68	\$1.717	83	\$6.777	98	\$17.997
69	\$1.917	84	\$7.327	99	\$19.167
70	\$2.217	85	\$7.887	100+	\$20.447
Employee AD&D: \$.025 per \$1,000			Child(ren) Life: \$.103 per \$1,000		

Calculation Sample:

$$\frac{\$ \text{EE Life Amount}}{\text{Rate}} \times \frac{\text{Rate}}{\$1,000} = \$ \text{Monthly Premium}$$

$$\frac{\$ \text{EE AD\&D Amount}}{\text{Rate}} \times \frac{\text{Rate}}{\$1,000} = \$ \text{Monthly Premium}$$

$$\frac{\$ \text{Spouse Life Amount}}{\text{Rate}} \times \frac{\text{Rate}}{\$1,000} = \$ \text{Monthly Premium}$$

$$\frac{\$ \text{Child(ren) Life Amount}}{\text{Rate}} \times \frac{\text{Rate}}{\$1,000} = \$ \text{Monthly Premium}$$

Note: Premium statements will be sent to you quarterly.

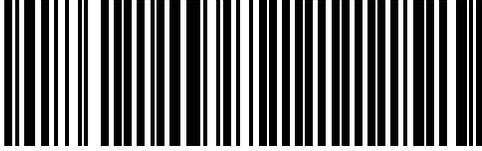
Instructions: You may enroll on-line by accessing <https://www.enrollment.com>. If you prefer to complete the paper form, please mail it to the address noted below or fax to the number noted below. For your enrollment to be valid, you must sign and date the form. Please be advised it may take up to 30 days to process the enrollment.

Have questions? Please call one of our Client Service Associates at 1-800-985-0242.

Your Unum Client Service Center

Unum
 NA Administrative Services – B136
 2211 Congress Street
 Portland, ME 04122-0001
 Or Fax to: 207-575-0745

**GENERAL BOARD OF PENSION AND HEALTH BENEFITS
OF THE UNITED METHODIST CHURCH
OPTIONAL LIFE INSURANCE
BENEFICIARY DESIGNATION FORM**



EMPLOYEE NAME: _____

Employee Address: _____

Social Security #: _____

ONLINE SELF SERVICE IS AVAILABLE. SEE INSTRUCTIONS ON BACK OF THIS FORM.

POLICY #: 128890 LIFE AND ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE			
PRIMARY BENEFICIARY (IES): NAME	RELATIONSHIP TO EMPLOYEE	BENEFIT PERCENT (TOTAL MUST EQUAL 100%)	BENEFICIARY SOCIAL SECURITY NUMBER
CONTINGENT BENEFICIARY (IES): NAME	RELATIONSHIP TO EMPLOYEE	BENEFIT PERCENT (TOTAL MUST EQUAL 100%)	BENEFICIARY SOCIAL SECURITY NUMBER

IF MORE SPACE IS NEEDED TO LIST ADDITIONAL BENEFICIARIES, PLEASE ATTACH A SIGNED AND DATED LETTER TO THIS BENEFICIARY DESIGNATION FORM.

EMPLOYEE SIGNATURE

DATE SIGNED

NOTE: PLEASE SEE THE REVERSE SIDE OF THIS PAGE FOR INSTRUCTIONS



Instructions: Complete or verify personal information on the front of this form. Complete your Beneficiary Designation and advise your designated beneficiaries that you have done so.

You may designate your beneficiaries on-line by accessing the following website: <https://www.enrollment.com>.

- **Enter your log-on ID:** umc, your last name, last 4 digits of your SSN (Example:umcsmith9999)
- **Enter your password:** first initial first name, last name, birth year (Example: jsmith1966) You will be prompted to change your password for security reasons. Should you have any questions concerning your username and password, please call the number listed below.
- Once you are on the site please complete your beneficiary designations immediately. You may print a copy of the screen showing your completed beneficiary designation(s) for your personal records.

If you prefer to complete the paper form, please use the return address or fax number noted below. For your paper designation(s) to be valid, you must sign and date the form.

List your first choices of beneficiaries under the PRIMARY BENEFICIARY(IES) section; be sure to include their name, Social Security number, their relationship to you and what percent you want to designate to the individual (the percentages must total 100%).

You may also list CONTINGENT BENEFICIARY(IES). These beneficiaries will receive the benefit in the event that all of your primary beneficiaries are deceased. Please be sure to include their name, Social Security number, their relationship to you and what percent you want to designate to the individual (the percentages must total 100%).

Where a beneficiary is related to the insured by blood or marriage, the relationship should be inserted, e.g., husband, wife, son, daughter, father, mother, grandfather, grandmother, uncle, aunt, cousin, foster-mother, sister-in-law, half-brother, etc. Where a beneficiary is not related to the insured by blood or marriage, any other relationship should be inserted, e.g., business associate, partner, creditor, fiancée, former wife, etc.

If you do not designate a beneficiary, the payment of benefits will default to the provisions of the contract.

If you have any questions, please call one of our Client Service Associates at 1-800-985-0242.

Your Unum Client Service Center

Unum
NA Expanded Service Center - B136
2211 Congress Street
Portland, ME 04122-0001

Or FAX to: 1-207-575-0745



Optional Life and AD&D Insurance Coverage Highlights

The Employee Welfare Benefit Trust of The United Methodist Church, Policy #128890

Please read carefully; the following is a description of your Unum Optional Life and AD&D insurance plan.

Eligibility

All participants working at least 1040 hours per year or as defined by your Plan Sponsor in active employment in the U.S. with the employer, and their eligible spouses and children (up to age 19, or to 25 if they are full-time students).

Coverage Amounts

<p>Your Term Life/AD&D coverage options are:</p> <p>Participant: Increments of \$10,000, not to exceed \$500,000.</p> <p>Spouse: Up to 100% of participant amount in increments of \$5,000. Not to exceed \$100,000. Benefits will be paid to the participant.</p> <p>Child: Up to 100% of participant coverage amount in increments of \$1,000. Not to exceed \$25,000. Benefits will be paid to the participant.</p> <p><i>In order to purchase Life coverage for your spouse and/or child, you must purchase Life coverage for yourself.</i></p>	<p>Participant AD&D Benefit Schedule is defined in your certificate booklet which is located by logging on to https://www.enrollment.com.</p> <p>All Participant (Life and AD&D) and Spouse Life Coverage amount(s) will reduce according to the following schedule:</p> <table border="0"> <tr> <td>Age:</td> <td>Insurance Amount Reduces to:</td> </tr> <tr> <td>70</td> <td>65% of original amount</td> </tr> <tr> <td>75</td> <td>50% of original amount</td> </tr> </table> <p>Coverage may not be increased after a reduction</p>	Age:	Insurance Amount Reduces to:	70	65% of original amount	75	50% of original amount
Age:	Insurance Amount Reduces to:						
70	65% of original amount						
75	50% of original amount						

Guarantee Issue/Changes in Coverage

Current Employees: If you and your eligible dependents enroll on or before 02/27/2009, you may apply for any amount of Life/AD&D insurance coverage up to the Guaranteed Issue amount of \$100,000 for yourself and any amount of coverage up to the Guaranteed Issue amount of \$25,000 for your Spouse and Child Life. Your coverage will be effective on **04/01/2009**. Any Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll on or before 02/28/2009, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of Life insurance coverage. Participant AD&D coverage will match the Participant Life Insurance coverage.

If you and your eligible dependents enroll on or before 02/27/2009, and later wish to increase your Life insurance coverage, you may increase your coverage with evidence of insurability at anytime during the year. However, you may wait until the next annual enrollment and only coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.

Employees hired on or after 02/27/2009: If you and your eligible dependents enroll within 45 days of your eligibility date, you may apply for any amount of Life/AD&D insurance coverage up to the Guarantee Issue amount of \$100,000 for yourself and any amount of coverage up to the Guarantee Issue amount of \$25,000 for your Spouse and Child Life. Any Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability. If you and your eligible dependents do not enroll within 45 days of your eligibility date, you can apply for coverage only during an annual enrollment period and will be required to furnish evidence of insurability for the entire amount of coverage. Participant AD&D coverage will match the Participant Life Insurance coverage.

If you and your eligible dependents enroll within 45 days of your eligibility date, and later, wish to increase your coverage, you may increase your Life insurance coverage, with evidence of insurability, at anytime during the year. However, you may wait until the next annual enrollment and only Life insurance coverage over the Guarantee Issue amount(s) will be subject to evidence of insurability.

Additional Benefits

Survivor Financial Counseling Services

This personalized financial counseling service provides expert, objective financial counseling to survivors and terminally ill participants at no cost to them. This service is also extended to participants upon the death or terminal illness of their covered spouse. The financial counselors, all highly trained attorneys, help develop strategies needed to protect resources, preserve current lifestyles, and build future security. At no time will the counselor offer or sell any product or service.

Accelerated Benefit

If you become terminally ill and are not expected to live beyond a certain time period as stated in your certificate booklet, you may request up to 50% of your life insurance amount up to \$250,000, without fees or present value adjustments. A doctor must certify your condition in order to qualify for this benefit. Upon your death, the remaining benefit will be paid to your designated beneficiary(ies). This feature also applies to your covered dependents.

Portability & Conversion

If you retire, reduce your hours or leave your employer, you can take this coverage with you according to the terms outlined in the contract. However, if you have a medical condition which has a material effect on life expectancy, you will be ineligible to port your coverage. However you may have the option to convert your Term life coverage to an individual life insurance policy.

Retained Asset Account

Benefits of \$10,000 or more are paid through the Unum Retained Asset Account. This interest bearing account will be established in the beneficiary's name.

Optional Life and AD&D Insurance Coverage Highlights (Continued)

Limitations/Exclusions/Termination of Coverage

Suicide Exclusion

Life benefits will not be paid for deaths caused by suicide in the first twenty-four months after your effective date of coverage.

No increased or additional benefits will be payable for deaths caused by suicide occurring within 24 months after the day such increased or additional insurance is effective.

AD&D Benefit Exclusions

AD&D benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders;
- Suicide, self-destruction while sane, intentionally self-inflicted injury while sane, or self-inflicted injury while insane;
- War, declared or undeclared, or any act of war;
- Active participation in a riot;
- Attempt to commit or commission of a crime;
- The voluntary use of any prescription or non-prescription drug, poison, fume, or other chemical substance unless used according to the prescription or direction of your or your dependent's doctor. This exclusion does not apply to you or your dependent if the chemical substance is ethanol;
- Intoxication. ("Intoxicated" means that the individual's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.)

Termination of Coverage

Your coverage and your dependents' coverage under the Summary of Benefits ends on the earliest of:

- The date the policy or plan is cancelled;
- The date you no longer are in an eligible group;
- The date your eligible group is no longer covered;
- The last day of the period for which you made any required contributions;
- The last day you are in active employment unless continued due to a covered layoff or leave of absence or due to an injury or sickness, as described in the certificate of coverage;
- For dependent's coverage, the date of your death.

In addition, coverage for any one dependent will end on the earliest of:

- The date your coverage under a plan ends;
- The date your dependent ceases to be an eligible dependent;
- For a spouse, the date of divorce or annulment.
- Unum will provide coverage for a payable claim which occurs while you and your dependents are covered under the policy or plan.

Next Steps

How to Apply

Current Employees: To apply for coverage, complete your enrollment form between 1/15/09 thru 2/27/09. Your coverage will be effective on 04/01/2009.

For Employees hired on or after 02/27/2009: To apply for coverage, complete your enrollment form within 45 days of your eligibility date.

All Employees: If you apply for coverage after your effective date, or if you choose coverage over the guarantee issue amount, you will need to complete a medical questionnaire which you can get from your Plan Administrator. You may also be required to take certain medical tests at Unum's expense.

Delayed Effective Date of Coverage

Participant: Insurance coverage will be delayed if you are not in active employment because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Dependent: Insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Exception: infants are insured from live birth.

"Totally disabled" means that, as a result of an injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; or has a life threatening condition.

Questions

If you should have any questions about your coverage or how to enroll, please contact Unum at 800-985-0242.

This plan highlight is a summary provided to help you understand your insurance coverage from Unum. Some provisions may vary or not be available in all states. Please refer to your certificate booklet by logging on to <https://www.enrollment.com> for your complete plan description. If the terms of this plan highlight summary or your certificate differ from your policy, the policy will govern. For complete details of coverage, please refer to policy form number C.FP-1, et al.

Survivor financial counseling services are provided exclusively by The Ayco Company, L.P. The services are subject to availability and may be withdrawn by Unum without prior notice.

Underwritten by: **Unum Life Insurance Company of America**, 2211 Congress Street, Portland, Maine 04122, www.unum.com
Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries. ©2007 Unum Group. All rights reserved.

ATTACH SAMPLE CHECK HERE

REFERENCE NUMBER

AUTHORIZATION AND AGREEMENT FOR AUTOMATIC PAYMENTS



Drawn By and Payable To: Unum Life Insurance Company of America (Herein referred to as "the company")

Table with 4 columns: POLICY NUMBER, INSURED NAME, POLICY NUMBER, INSURED NAME

I (each of the undersigned) have carefully read the terms of this authorization, and I understand and agree that:

- 1) This Authorization applies to all policies listed above and to any coverage subsequently added.
2) My signature below reflects my intent that my account be debited by the Company in the amount necessary to pay premium.
3) No notice of premium due will be furnished while this Authorization is in effect, except, if any check or other debit entry made pursuant to this Authorization is not paid, the Company will send notice of premium past due.
4) It is my responsibility to fund my account in an amount sufficient to pay premium when due and failure to do so may result in lapse of my policy.
5) This Authorization does not waive, alter or amend any policy provision.
6) No premium shall be deemed paid until the Company receives payment at its Home Office.
7) The Company shall incur no liability as a result of the dishonor of any check, draft or other instrument drawn pursuant to this Authorization and Agreement.
8) This Authorization shall remain in effect unless and until the bank, the policyowner or premium payor presents written notice of termination to the Company, except that;
9) The Company may terminate this Agreement, by providing written notice thereof, in the event that, within any period of twelve consecutive months, two or more checks are not paid upon presentation, or if at any time the Company is required to refund to the bank any amount paid pursuant to this Authorization.
10) Upon termination of this Agreement, premiums will be payable at the rate (amount) and mode (frequency) required under the Company's usual rate and mode for policies not enrolled in the Automatic Payment Plan.
11) Funds must be paid in U.S. dollars and withdrawn from a U.S. bank.

SIGNATURE(S) OF PREMIUM PAYOR(S)

DATE(S)

ADDRESS

Signature and address lines with labels: STREET, CITY, STATE, ZIP

29-86 (4/07)



REFERENCE NUMBER

AUTHORIZATION AND AGREEMENT FOR AUTOMATIC PAYMENTS

Drawn By and Payable To: Unum Life Insurance Company of America (Herein referred to as "the company")

SIGNATURE(S) OF PREMIUM PAYOR(S)

Signature line

I authorize the bank indicated below to pay and charge to my account debit entries, including checks, drafts and other orders by electronic or paper means, made by and payable to the Company.

TO:

NAME OF BANK, STREET, CITY, STATE, ZIP

(Bank need not acknowledge except to correct encoding format entered below)

(U.S. Banks ONLY)

HOME OFFICE USE ONLY

Table with 20 columns containing numbers 42 through 13 and barcode symbols