



**GROUP LONG TERM DISABILITY (LTD) INSURANCE APPENDIX**  
Attached to and forming part of the application for insurance  
Underwritten and Issued by Provident Life and Accident Insurance Company

Class # (As referenced in Item #10 on page 2)	Class	Class	Class	Class	Class	Class
<b>Straight % of Monthly Earnings</b>	%	%	%	%	%	%
<b>Single Split - % above Of the 1<sup>st</sup> \$ _____ of Monthly Earnings</b>	Of the 1 <sup>st</sup> \$ _____ of Monthly Earnings	Of the 1 <sup>st</sup> \$ _____ of Monthly Earnings	Of the 1 <sup>st</sup> \$ _____ of Monthly Earnings	Of the 1 <sup>st</sup> \$ _____ of Monthly Earnings	Of the 1 <sup>st</sup> \$ _____ of Monthly Earnings	Of the 1 <sup>st</sup> \$ _____ of Monthly Earnings
<b>Double Split – next % of the next _____ of Monthly Earnings</b>	_____ % of the next \$ _____ of Monthly Earnings	_____ % of the next \$ _____ of Monthly Earnings	_____ % of the next \$ _____ of Monthly Earnings	_____ % of the next \$ _____ of Monthly Earnings	_____ % of the next \$ _____ of Monthly Earnings	_____ % of the next \$ _____ of Monthly Earnings
<b>Triple Split - % of the remainder of Monthly Earnings</b>	_____ % of the remainder of Monthly Earnings	_____ % of the remainder of Monthly Earnings	_____ % of the remainder of Monthly Earnings	_____ % of the remainder of Monthly Earnings	_____ % of the remainder of Monthly Earnings	_____ % of the remainder of Monthly Earnings
<b>Maximum Benefit or Flat Amount</b>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Gainful Occupation</b> (Definition based on Gross disability payment is not available with reverse combo)	<input type="checkbox"/> % of indexed monthly earnings <input type="checkbox"/> gross disability payment	<input type="checkbox"/> % of indexed monthly earnings <input type="checkbox"/> gross disability payment	<input type="checkbox"/> % of indexed monthly earnings <input type="checkbox"/> gross disability payment	<input type="checkbox"/> % of indexed monthly earnings <input type="checkbox"/> gross disability payment	<input type="checkbox"/> % of indexed monthly earnings <input type="checkbox"/> gross disability payment	<input type="checkbox"/> % of indexed monthly earnings <input type="checkbox"/> gross disability payment
<b>Elimination Period</b> (105, 120, 150, 180, 270, or 365 days)	Days	Days	Days	Days	Days	Days
<b>CPP/QPP Offsets</b> (Family or Primary)	<input type="checkbox"/> Family <input type="checkbox"/> Primary	<input type="checkbox"/> Family <input type="checkbox"/> Primary	<input type="checkbox"/> Family <input type="checkbox"/> Primary	<input type="checkbox"/> Family <input type="checkbox"/> Primary	<input type="checkbox"/> Family <input type="checkbox"/> Primary	<input type="checkbox"/> Family <input type="checkbox"/> Primary
<b>All Source Maximum</b> (85%, 75%, or 70%)						
<b>Benefit Period</b> (2 yr, 3 yr, 5 yr, 10 yr., or to age 65)						
<b>Own Occupation Period</b> (1 yr, 2 yr, 3 yr, 4 yr, 5 yr, or to age 65)						
<b>Any Occupation</b> (Partial Disability Definition is not available)	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<b>Pre-existing Conditions Exclusions</b> (3/12 or 6/12/24)	<input type="checkbox"/> 3/12 <input type="checkbox"/> 6/12/24	<input type="checkbox"/> 3/12 <input type="checkbox"/> 6/12/24	<input type="checkbox"/> 3/12 <input type="checkbox"/> 6/12/24	<input type="checkbox"/> 3/12 <input type="checkbox"/> 6/12/24	<input type="checkbox"/> 3/12 <input type="checkbox"/> 6/12/24	<input type="checkbox"/> 3/12 <input type="checkbox"/> 6/12/24
<b>Definition of Disability</b> ( <b>Partial</b> means you must be Totally Disabled throughout the Elimination Period. <b>Residual</b> mean you do not have to be Totally Disabled throughout the Elimination Period)	<input type="checkbox"/> Partial <input type="checkbox"/> Residual	<input type="checkbox"/> Partial <input type="checkbox"/> Residual	<input type="checkbox"/> Partial <input type="checkbox"/> Residual	<input type="checkbox"/> Partial <input type="checkbox"/> Residual	<input type="checkbox"/> Partial <input type="checkbox"/> Residual	<input type="checkbox"/> Partial <input type="checkbox"/> Residual



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ADDITIONAL LTD BENEFITS						
Class # (As referenced in Item #10 on page 2)	Class	Class	Class	Class	Class	Class
<b>24 Month Survivor Benefit</b> (Standard benefit of 3 months is included)	<input type="checkbox"/> 3 months <input type="checkbox"/> 24 months	<input type="checkbox"/> 3 months <input type="checkbox"/> 24 months	<input type="checkbox"/> 3 months <input type="checkbox"/> 24 months	<input type="checkbox"/> 3 months <input type="checkbox"/> 24 months	<input type="checkbox"/> 3 months <input type="checkbox"/> 24 months	<input type="checkbox"/> 3 months <input type="checkbox"/> 24 months
<b>Spousal Disability</b> (\$1,000, \$1,500 or \$2,000 per month)	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500 <input type="checkbox"/> \$2,000
<b>Spousal Disability Duration</b> (12, 18 or 24 months)	<input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months	<input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months	<input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months	<input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months	<input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months	<input type="checkbox"/> 12 months <input type="checkbox"/> 18 months <input type="checkbox"/> 24 months
<b>Disability Plus</b> (25% or 30%) <b>NOTE:</b> If 25% is selected, All Source Coordinates at 75%; if 30% selected, All Source Coordinates at 70%. Also fill-in the benefit maximum.	<input type="checkbox"/> 25% <input type="checkbox"/> 30%  Maximum benefit limited to \$	<input type="checkbox"/> 25% <input type="checkbox"/> 30%  Maximum benefit limited to \$	<input type="checkbox"/> 25% <input type="checkbox"/> 30%  Maximum benefit limited to \$	<input type="checkbox"/> 25% <input type="checkbox"/> 30%  Maximum benefit limited to \$	<input type="checkbox"/> 25% <input type="checkbox"/> 30%  Maximum benefit limited to \$	<input type="checkbox"/> 25% <input type="checkbox"/> 30%  Maximum benefit limited to \$
<b>Critical Illness</b> (5x to \$25,000 or 10x to \$50,000)	<input type="checkbox"/> 5 times <input type="checkbox"/> 10 times	<input type="checkbox"/> 5 times <input type="checkbox"/> 10 times	<input type="checkbox"/> 5 times <input type="checkbox"/> 10 times	<input type="checkbox"/> 5 times <input type="checkbox"/> 10 times	<input type="checkbox"/> 5 times <input type="checkbox"/> 10 times	<input type="checkbox"/> 5 times <input type="checkbox"/> 10 times
<b>COLA Percentage</b> (1%, 2%, or 3%, or lesser of CPI and 1%, 2% or 3%)						
<b>COLA Duration</b> (5 yr, 10 yr or to age 65)						
<b>Conversion Privilege</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<b>Retirement Income Protector Percentage</b> (1% to 15%) Also fill-in the benefit maximum. Must be participating in the Pension Plan for x months.	-_____% -Maximum benefit limited to \$ - Months	-_____% -Maximum benefit limited to \$ - Months	-_____% -Maximum benefit limited to \$ - Months	-_____% -Maximum benefit limited to \$ - Months	-_____% -Maximum benefit limited to \$ - Months	-_____% -Maximum benefit limited to \$ - Months
<b>Revenue Protection</b> (10% to 60% – increments of 10%). Also fill-in Benefit Duration.	_____% ____ Months	_____% ____ Months	_____% ____ Months	_____% ____ Months	_____% ____ Months	_____% ____ Months
<b>Premium Contribution Split</b>	_____% Employer _____% Employee	_____% Employer _____% Employee	_____% Employer _____% Employee	_____% Employer _____% Employee	_____% Employer _____% Employee	_____% Employer _____% Employee

**Termination of Insurance: Long Term Disability Insurance** terminates when the employee attains age 65 or at such earlier date as may be provided by the terms of a policy.

**Comments:**

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**THIS IS A REVERSE COMBO PLAN.**  Yes  No

**IF REVERSE COMBO PLAN IS INCLUDED,** the **Guaranteed Individual Insurance Amount:** \$\_\_\_\_\_.  
**“GUARANTEED INDIVIDUAL INSURANCE AMOUNT** means the maximum amount of individual coverage for disability which, through the Policyholder or as a result of their employment, Unum or a Unum Affiliate guaranteed to offer to **Eligible Employees** regardless of their health and their medical histories, but subject to financial underwriting requirements.”