



**Fairborn
City Schools**

Who depends on you?



*New
benefits
available!*

ENROLLMENT BEGINS MONDAY, SEPTEMBER 8 AND ENDS FRIDAY, SEPTEMBER 12, 2008

What your benefits can do for you

Benefits are a valuable part of your compensation package. They can help protect important things like your income and your assets if you become sick or injured and can't work. Some insurance products can help pay for expenses that aren't covered by your health insurance like copays, deductibles and other out-of-pocket expenses. Other plans can help your family deal with financial realities if you should die prematurely.

That's why Fairborn City Schools has made these valuable insurance products from Unum available for you and your family. The voluntary benefits described in this booklet can build on the benefits already provided by Fairborn City Schools giving you additional protection that you and your family may need. Keep in mind that you get more competitive rates when you buy through the workplace. We encourage you to take a look at the information in this booklet so you can make informed choices about these benefits.

*What should
I do next?*

Follow these steps:

- Review the benefit information in this booklet.
- To apply, meet with a benefit representative* during your scheduled one-on-one enrollment session.

***Your enrollment begins
September 8 and ends
September 12.***

Fairborn City Schools is pleased to make these benefits available and encourages you to learn more.

**Benefit representatives are not paid based on whether or not they sell you an insurance policy. Instead, they are there to help answer questions on what products might best suit your insurance needs. They can also explain pricing and help you complete the application process.*

NOTE!

Your benefit overview

My girls depend on me!



	BENEFITS	FUNDING	COVERAGE OPTIONS
NEW	Group term life/AD&D insurance	Employer paid	<ul style="list-style-type: none"> Can provide a specified amount of term life and AD&D coverage, based on your employment classification and length of service.
NEW	Group voluntary term life and insurance	Employee paid	<ul style="list-style-type: none"> Enroll for up to \$180,000 in coverage for yourself, and \$40,000 for your spouse, guarantee issue. Apply for up to five times your annual salary to a maximum of \$500,000, additional coverage available for spouse and children.
NEW	Group long term disability insurance	Employee paid	<ul style="list-style-type: none"> Monthly benefit from \$200 to \$6,000 available in \$100 increments up to a maximum of 66 2/3% of your monthly earnings. Choose one of five elimination periods. Work-life balance and worldwide emergency travel assistance services included.
NEW	Accident insurance	Employee paid	<ul style="list-style-type: none"> Voluntary coverage can pay a specific dollar amount for off-the-job accidents. Family coverage also available.
NEW	Specified critical illness insurance	Employee paid	<ul style="list-style-type: none"> Voluntary coverage can pay a specific dollar amount upon the first diagnosis of a covered critical illness. Also available for spouse and children.
	Flexible Spending Account (FSA)	Employee contribution	<ul style="list-style-type: none"> Through your health FSA you can pay for medical, dental and vision expenses not reimbursed by your insurance plan, including some over-the-counter drugs and medications. Through your dependant care FSA you can pay for care in and outside the home, day care, before and after school care, nurse school and preschool tuition.

Group voluntary term life insurance

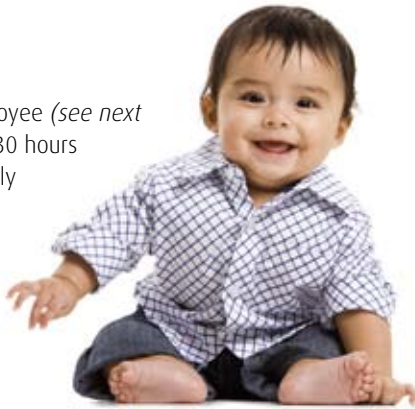
employee-paid

Why consider group voluntary term life?

If you work a minimum of 30 hours a week you have term life and accidental death and dismemberment (AD&D) insurance paid for by Fairborn City Schools. It's a good foundation, but you may need more coverage to help meet your specific needs. Group voluntary term life provides additional term life insurance at affordable group rates. And you get to choose the amount of coverage that's right for you.

Who is eligible?

If you are an active employee (see next page) and work at least 30 hours each week, you may apply for coverage for yourself, your spouse and eligible children (up to age 19, or to age 26 if they are full-time students).



How much coverage can I get?

Employee – up to \$180,000, guarantee issue amount (see next page).

Spouse – up to \$40,000, guarantee issue amount.

Children – up to 100% of your coverage, in increments of \$2,000, to a maximum of \$10,000.

Can I apply for more coverage?

Employee – up to five times your annual salary in increments of \$10,000, to a maximum of \$500,000, amounts over the guarantee issue limit will require evidence of insurability (see next page).

Spouse – up to 100% of your coverage in increments of \$5,000, to a maximum of \$500,000, amounts over the guarantee issue limit will require evidence of insurability.

In order to purchase life insurance for your spouse and eligible children, you must buy coverage for yourself. They cannot have more coverage than you.

Coverage amounts for life insurance for you and your spouse will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% when you reach age 75. Coverage may not be increased after a reduction.

What other features are included?

Accelerated benefit – If you become terminally ill and are not expected to live more than 12 months, you may request up to 50% of your life insurance amount, to a maximum of \$500,000 or the plan maximum, whichever is less, without fees or present value adjustments. A doctor must certify your condition. Upon your death, any remaining benefit will be paid to your designated beneficiaries.

Portability/conversion – If you retire, reduce your hours or leave Fairborn City Schools, you can continue coverage for yourself, your spouse and your dependent children at the group rate. Portability is not available for those who have a medical condition which could shorten their life expectancy. In that case, the covered individual may be able to convert the term life policy to an individual life insurance policy.

Retained asset account – Benefits of \$10,000 or more are paid through Unum's retained asset account. This interest-bearing account gives your beneficiary access to your life insurance proceeds via bank draft. This service allows your beneficiary time to decide how to best manage proceeds. He or she may write drafts from a minimum of \$250 up to the full amount, or leave money in the account as long as desired.

Survivor financial counseling – Financial advice and planning support from impartial counselors is available for beneficiaries and for covered employees and their spouses who are terminally ill.

Waiver of premium – If you become disabled (as defined by your plan) and are no longer able to work, your life premium payments will be waived during the period of disability.

Survivor financial counseling services are provided by The Ayco Company, L.P., a Goldman Sachs Company. Services are available with selected Unum insurance offerings. Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. The services are not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details.

NOTE: To enroll, attend a one-on-one meeting with a benefit representative.

Insurance terms explained

Guarantee issue amount – If you enroll, you can apply for up to \$180,000 of term life insurance for yourself and up to \$40,000 for your spouse without answering any health questions or taking a physical exam. *That's what is meant by guarantee issue.*

Evidence of insurability – If you elect coverage amounts above the guarantee issue limit for yourself or your spouse, you will be asked a number of health questions. *That's what is meant by providing evidence of insurability.*

Active employment – You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Fairborn City Schools for working at least 20 hours each week and you are performing the material and substantial duties of your regular occupation.

*It's good to know
my family is protected.*



Voluntary term life coverage rates

Rates shown are your **semi-monthly** deduction. Your rate will increase as you move to the next age group.

Age	Employee rate per \$10,000	Spouse rate per \$5,000
<24	\$0.22	\$0.20
25-29	0.25	0.23
30-34	0.35	0.27
35-39	0.54	0.36
40-44	0.79	0.50
45-49	1.25	0.78
50-54	1.95	1.24
55-59	2.93	1.93
60-64	4.37	3.41
65-69	7.34	5.98
70-74	13.05	10.68
75+	26.73	20.62

Child life semi-monthly rate is \$0.307 per \$2,000. One life premium covers all children.

Cost calculation

Let's say you are 37 at the time of enrollment and would like to apply for \$180,000 of voluntary term life insurance. Take \$180,000 and divide it by \$10,000. Multiply that number by \$0.54 (your rate based on your insurance age) and you get a semi-monthly cost of \$9.72.

Voluntary term life calculation worksheet

	Coverage amount	Increment	Rate	Semi-monthly
Employee	\$ _____ /	\$ 10,000 x	\$ _____	= \$ _____
Spouse	\$ _____ /	\$ 5,000 x	\$ _____	= \$ _____
Children	\$ _____ /	\$ 2,000 x	\$ _____	= \$ _____
TOTAL SEMI-MONTHLY COST				= \$ _____

Educator Select disability insurance

employee-paid

What happens if you get seriously hurt or sick?

What would happen if you were seriously injured in a car accident or were diagnosed with cancer? You may eventually get better, but it may take a long time. And it is possible you might never be able to return to work.

In addition to dealing with health issues, how would you make your house and car payments, buy food, clothing and other essentials? A lot depends on your paycheck – that’s why Educator Select disability insurance from Unum is so important.

What are the chances? What will you do?

- According to the National Safety Council’s *Injury Facts* 2008 Edition, most disabling injuries suffered by American workers occur off the job and are not covered by workers’ compensation.
- According to the Council for Disability Awareness, in 2006 more than 500,000 received long term disability payment from private insurers.

Educator Select disability insurance is the smart answer

Fairborn City Schools offers Unum Educator Select insurance at competitive rates with the convenience of payroll deduction. You are eligible for LTD coverage if you are an active employee working a minimum of 20 hours per week. In addition, if you enroll during this enrollment period and are not currently disabled, you won’t be required to answer any health questions.

So maybe I’m not invincible.



What kind of coverage is available?

You can choose a monthly benefit amount between \$200 and \$6,000 in \$100 increments to a maximum of 66 2/3% of your pre-disability monthly earnings.

The amount of benefit you receive from the plan may be reduced or offset by income from other sources such as workers’ compensation, Social Security disability income, or legal judgments and settlements.

Choose the coverage that best suits your needs

Choose from among five plans with five different elimination periods: 0/7, 14/14, 30/30, 60/60 and 90/90. The first number is the elimination period for an accident. The second is for sickness. This is the number of days of continuous disability due to a covered injury or illness which must be satisfied before you are eligible to receive your benefit.

How long do payments last?

Your LTD benefits are payable for the period during which you continue to meet the definition of disability. Payments continue based on how old you are when your disability occurs. If your disability occurs before age 62, benefits will be payable to Social Security Normal Retirement Age, which varies based on the year you were born. If your disability occurs at or after age 62, benefits would be paid according to the benefit duration schedule.

Educator Select disability rates* based on monthly benefit increments of \$100				
ELIMINATION PERIOD (DAYS)				
0/7	14/14	30/30	60/60	90/90
\$ 2.73	\$ 2.24	\$ 1.81	\$ 1.62	\$ 0.92

Here’s how to calculate your per-paycheck costs

$$\frac{\text{Annual salary}}{\$100} = \text{Your rate} \times \text{Your annual cost} / \frac{\text{\# of paychecks per year}}{\text{Cost per paycheck}}$$

If your annual salary exceeds \$108,000, use \$108,000 as your annual salary for this calculation. Final costs may vary due to rounding.

Additional features included in your LTD policy

- **Rehabilitation and return-to-work assistance** – If you are deemed eligible and are participating in the program, Unum will pay an additional benefit of 10% of your gross disability payment to a maximum of \$1,000 per month.
- **Dependent care expense benefit** – If you are disabled and participating in the rehabilitation and return-to-work assistance program and have dependent care expenses, you may receive the dependent care expense benefit – \$350 per dependent, per month, to a maximum of \$1,000 per month for all eligible dependents combined.
- **Waiver of premium** – You will not be required to pay LTD premiums as long as you are receiving LTD benefits.
- **Survivor benefit** – Your eligible survivor will receive a lump sum benefit equal to three months of your gross disability payment if, on the date of your death, your disability had continued for 180 or more consecutive days, and you were receiving or were entitled to payments under the plan.
- **Conversion** – if you are terminating employment, you can convert your coverage to an individually paid plan without evidence of insurability.

Work-life balance (EAP)

Included with your LTD insurance, work-life balance is a comprehensive resource providing access to professional assistance for a wide range of personal and work-related issues. The service is available to you and your family members 24 hours a day, 365 days a year, and provides resources to help employees find solutions to everyday issues such as financing a car or selecting child care, as well as more serious problems such as alcohol or drug addiction, divorce, or relationship problems. There is a dedicated Hispanic service center, online resources in Spanish and multi-lingual capabilities in 140 languages.

Services include: toll-free phone access to master’s-level consultants, up to three face-to-face sessions to help with more serious issues, and online resources. There is no additional charge for utilizing the program. Participation is confidential* and strictly voluntary, and you do not have to have filed a disability claim or be receiving benefits to use the program.

However, if you become disabled and are receiving benefits, Unum’s On Claim Support can provide additional resources including: coaching on how to communicate effectively with medical personnel, conducting consumer research for medical equipment and supplies, assessing emotional needs and locating counseling resources.

*Consultants must abide by federal regulations regarding duty to warn of harm to self and others. In these instances the consultant may be mandated to report a situation to the appropriate authority.

Worldwide emergency travel assistance

Whether you are traveling for business or personal reasons, Unum’s worldwide emergency travel assistance program is there to help you when an unexpected emergency occurs. With one phone call anytime of the day or night, you, your spouse and dependent children can get immediate assistance anywhere in the world. Emergency travel assistance is available to you when you travel to any foreign country, including neighboring Canada or Mexico. It is also available anywhere in the United States for those traveling 100 or more miles from home. Your spouse and dependent children do not have to be traveling with you to be eligible.**

There are no geographical or pre-existing condition exclusions, and no exclusions on scholastic, professional or adventure sports.

My mom and daughter depend on me.

**A spouse traveling on business for his or her employer is not covered by the program.

Work-life balance employee assistance program services are provided by Ceridian Corporation. Worldwide emergency travel assistance services are provided by Assist America Inc. All emergency travel assistance must be arranged by Assist America, which pays for all services it provides. Medical expenses such as prescriptions or physician, lab or medical facility fees are paid by the employee or the employee’s health insurance. Services are available with selected Unum insurance offerings. Exclusions, limitations and prior notice requirements may apply, and service features, terms and eligibility criteria are subject to change. The services are not valid after termination of coverage and may be withdrawn at any time. Please contact your Unum representative for full details.



Accident insurance

employee-paid

Hearing the word “oops” is never a good thing.

Maybe your spouse fell off the ladder while cleaning the gutters, or your child tripped and broke a tooth playing outside, or you threw your back out cleaning the garage.

Unexpected accidents always have lousy timing, especially when you are responsible for insurance deductibles and out-of-pocket costs. You need a plan that helps you protect your family and your wallet. Voluntary accident insurance from Unum can help with:

- hospitalization deductibles and copays
- doctor visit copays
- visits to the emergency department
- physical therapy
- transportation and lodging

Features you'll appreciate

Accident insurance can help cover the extra costs that can occur when you, your spouse or your children suffer a covered injury – like those that can happen during a game of pick-up basketball or when your kids go rollerblading.

- **No health questions to answer** – You will automatically receive the base plan if you apply.
- **Guaranteed renewable** – As long as you pay the premiums on time, your base coverage is guaranteed renewable for life – policy provisions can't be changed.
- **Lump sum benefit** – You will receive a predefined benefit based on the injury or qualifying event.
- **Family coverage:**
 - Employees age 17 to 80 who are actively at work (*see information at the back of the booklet*) for a minimum of 20 hours per week are eligible to apply.
 - Spouses age 17 to 80 are eligible to apply.
 - Dependent children who are 14 days through 24 years old are eligible.

Other important information

- Premiums are automatically deducted from your paycheck.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.
- You own the policy and can take it with you if you leave the company or retire. Unum will bill you at home for the same premium amount.

Semi-monthly premiums

COVERAGE	SEMI-MONTHLY COST
Individual	\$7.15
Individual and spouse	\$10.21
One-parent family	\$14.56
Two-parent family	\$17.62



NOTE:

To apply, attend a one-on-one meeting with a benefit representative.

I'm a bit of a weekend warrior!

Schedule of Benefits

Accident/Injury	Benefit Amount
Accidental death	
employee	\$25,000
spouse	\$10,000
child	\$5,000
The accidental death benefit doubles if the insured individual is injured as a fare-paying passenger on a common carrier. Employee – \$50,000; Spouse – \$20,000; Child – \$10,000	
Ambulance	\$100
air ambulance	\$500
Appliance	\$100
Blood, plasma and platelets	\$300
Burns	
2nd degree burns which cover at least 36% of the body surface	\$750
3rd degree burns which cover at least 9 but less than 35 sq. in. of the body surface	\$1,500
3rd degree burns which cover 35 or more sq. in. of the body surface	\$10,000
skin grafts	25% of burn benefit
Catastrophic accident loss of use of sight, hearing, speech, arms or legs*	
employee <65 years	\$100,000
spouse or child <65 years	\$50,000
age 65-69	Amount reduced 50%
age 70+	Amount reduced 75%
Concussion	\$100
Dental work, emergency	
extraction	\$50
crown	\$150
Dislocations	
open	up to \$4,000
closed	up to \$2,000
Doctor's office initial visit	\$50
Emergency room treatment (includes X-rays)	\$150
Eye injury – requires surgery or removal of foreign body	\$200
Follow-up treatment for accident – initial follow-up visit	\$50
Fractures	
open	up to \$5,000
closed	up to \$2,500
chips	25% of closed amount
Hospital admission (per admission)	\$750
Hospital confinement (per day up to 365 days)	\$200
Hospital intensive care unit (per day up to 15 days)	\$400
Knee cartilage (torn)	\$500
exploratory	\$100
Laceration	\$25-\$400
Lodging (per night up to 30 days)	\$100
Loss of finger, toe, hand, foot or sight of an eye	
Loss of both hands, feet, sight of both eyes, or any combination of two or more losses	\$15,000
Loss of one hand, foot or sight in one eye	\$7,500
Loss of two or more fingers, toes or any combination of two or more losses	\$1,500
Loss of one finger or toe	\$750
Physical therapy (6 treatments)	\$25 per treatment
Prosthetic device or artificial limb	
one	\$500
more than one	\$1,000
Ruptured disc	\$400
Surgery benefit (open abdominal, thoracic)	\$1,000
exploratory	\$100
Tendon/ligament and rotator cuff	
repair of one	\$400
repair of more than one	\$600
exploratory only	\$100
Transportation (100+ miles up to 3 trips)	\$300

*The catastrophic accident benefit is paid after fulfilling a 365-day elimination period. Benefit is payable once per lifetime.

Unum will only pay the accidental death benefit or the accidental death/common carrier benefit, not both.

Please see policy provisions for complete details about these covered benefits. Accident coverage is a limited policy.



Specified critical illness insurance

employee-paid

Can your wallet survive a heart attack?

If you suffer a critical illness, like a heart attack, chances are you'll recover. However, your bank account might not spring back as quickly. It's true that your medical insurance can help cover the cost of care and treatment. But there are other expenses you and your family may face beyond those resulting from a loss of income. These costs may include:

- deductibles or copays
- prescriptions
- rehabilitation
- alternative treatments
- transportation to health facilities
- family travel for visits

Specified critical illness insurance from Unum can pay you a lump sum benefit when you are first diagnosed with a covered critical illness. So you can focus on getting better – not on your bills.

What's covered?

- heart attack
- stroke
- major organ transplant (heart, lung, liver, kidney or pancreas)
- permanent paralysis due to a covered accident
- end-stage kidney failure
- coronary bypass surgery (25% of policy amount)
- cancer coverage is also available

Please see policy definitions for complete details about these covered illnesses.

Specified critical illness insurance with additional cancer coverage and health screening benefit		
Sample semi-monthly premiums based on \$10,000 benefit		
Age	Non-tobacco	Tobacco
24	\$3.84	\$5.73
34	\$5.49	\$9.19
44	\$9.78	\$17.58
54	\$17.23	\$33.24
64	\$26.22	\$47.78
Sample semi-monthly premiums based on \$20,000 benefit		
Age	Non-tobacco	Tobacco
24	\$6.64	\$10.43
34	\$9.93	\$17.34
44	\$18.53	\$34.13
54	\$33.44	\$65.44
64	\$51.44	\$94.54

Specified critical illness insurance is a limited policy.

Sample rates shown for the employee are the same for a spouse.
Sample rates do not include costs for the child rider.

Who can apply for coverage?

All eligible employees ages 16 to 69 who are actively at work (see information at the back of the booklet) for a minimum of 20 hours per week are eligible to apply.

How does it work?

The lump sum benefit is paid at first diagnosis of a covered critical illness, and it can be used however you choose. You can select benefit amounts from \$5,000 to \$50,000, in \$1,000 increments.

Health screening benefit also included

This benefit pays \$50 per calendar year if a covered health screening test is performed, including blood tests, chest x-rays, stress tests, mammograms and colonoscopies. A list of more than 20 covered tests will be provided at your enrollment.

Spouse and child riders available

The spouse rider is available in amounts of \$5,000 to \$30,000 in \$1,000 increments for a spouse age 16 through 64.

The child rider covers eligible children, stepchildren and legally adopted children ages 14 days through 24 years who are dependent on you for at least half of their support and are not married. Available benefit amounts are \$5,000 and \$10,000. One rider covers all children.

Why should I buy at work?

- Your premiums are automatically deducted from your paycheck.
- You own the policy and can keep the coverage if you leave the company or retire. Unum will bill you directly for the same premium amount.

More about cancer coverage

- Your policy also contains optional cancer coverage.
- Can provide an additional benefit payment.
- Upon first diagnosis of cancer, as defined in the policy, you will be paid up to 100% of the benefit amount.
- Upon first diagnosis of carcinoma in situ,^{††} as defined in the policy, you will be paid 25% of the benefit amount provided the cancer benefit has not already been paid.
- Benefits will be paid if the date of the first diagnosis occurs after you have fulfilled a 30-day waiting period.

^{††}Carcinoma in situ is cancer that is confined to the site of origin and has not invaded other tissue.

Flexible Spending Account (FSA) *employee contribution*

A Section 125 Cafeteria Plan

offered by Mass Group Marketing, Inc.

Section 125 Plan is a part of the Internal Revenue Code that allows employees to convert a taxable cash benefit (salary) into non-taxable benefits. You may choose to pay for benefit premiums and other qualified expenses before any taxes are deducted from your paycheck.

Benefits eligible for your Section 125 plan

Under Section 125, your employer's plan may offer the option to include the premium cost for your employee benefit plans. You may pay the premiums pre-tax for your medical insurance. Your plan may also offer flexible spending accounts for your health care and dependent care needs.

Flexible Spending Accounts

A Flexible Spending Account (FSA) is a special account for healthcare and dependent care expenses. You elect an annual amount to contribute to your FSA, for amounts that will be deducted throughout your plan year. These funds will be deducted "pre-taxed" and automatically deposited in your account through payroll deduction.

There are two kinds of Flexible Spending Accounts – Health FSA and Dependent Care FSA. You can choose to participate in both accounts. Expenses for these accounts must be incurred during your employer's plan year.

Health FSA

Through a health FSA, you can pay for medical, dental and vision expenses not reimbursed by your insurance plan. These expenses may be incurred by you or your eligible dependents. Expenses include such as deductibles, co-insurance payments, office co-pays, orthodontics, glasses and contacts. Once enrolled in FSA's the money is available to you on the first day of the plan year. You must spend the funds by the end of the plan year, or they will be forfeited from your account.

Orthodontic expenses

The IRS specifies how orthodontic expenses can be reimbursed in a health care FSA. You should carefully plan when deciding on your annual election if it includes orthodontic expenses. The services must be performed and incurred within the plan year. Reimbursement of a lump sum payment to a dentist may not be eligible if any of the services will be performed in a subsequent plan year.

Over-the-counter items

The IRS allows that some over-the-counter (OTC) drugs and medications which are used to treat sickness, may be reimbursed by Health Care Flexible Spending Accounts. Claiming these types of medications for reimbursement can help participants meet their FSA allotments for the year, and minimize the fear of leaving money on the table due to the "use-it-or-lose-it" rule. Eligible expenses include medicines or products that alleviate or treat personal injuries or illness for you and your dependents. IRS also allows you to purchase qualified over-the-counter-drugs (OTC) through your pharmacy without a prescription. For most OTC's, you are not required to provide a statement from a medical provider, or indicate a diagnosis in order to receive reimbursement. Receipts for reimbursement must state the place of purchase, date of purchase, dollar amount, name of the item, and can be claimed within reasonable quantities. We recommend that you retain copies of all OTC receipts for your records.

continued on page 12



Flexible Spending Account (FSA) – *continued* employee contribution

Dependent Care FSA

This account allows you to pay for day care expenses that enable you and your spouse to work to attend school fulltime. This can also include the care for children or elder dependents that rely on care. These include expenses for: care in and outside the home, day care, before and after school care, nursery school, preschool tuition, day care camps and facilities (if not primarily for educational purposes). Your care provider must report day care income on their taxes to be considered as eligible.

Dependent Care funds must be available in your account before you can be reimbursed.

The total amount you choose to contribute should be based on your expected child and/or dependent care expenses during the plan year. A single parent, or employee that is married but filing separately is limited to \$2,500 for the Plan year. If your spouse has a dependent care at their employment, the two accounts cannot exceed \$5,000 during a given plan year.

How to file a claim

For expenses not eligible for debit card payments, claim forms and receipts must be submitted to Mass Group Marketing, Inc. Legible receipts must be attached, and may be sent by fax or mail. For items subject to reimbursement from your medical plan, you must also include a copy of the explanation of benefits. Dependent care expenses must include the providers' information and tax or social security number. For orthodontic claims, full payments for treatment will not be made, but are paid as service is incurred. Please include a copy of the contract or schedule of payments.

Claim processing

MGM standard commitment is a 72 hour business day turnaround, but claims are often processed within 48 hours.

Website access

You may access the Mass Group Marketing Website at www.mgmtpa.com. Claim forms and change forms are available on the website.

Direct deposit

MGM offers direct deposit for participant reimbursement checks. This form is also available on the MGM website. A deposit confirmation will be mailed to your address. If you have any questions you may call MGM toll free phone line at 1-800-833-4028. Benefit Counselors are available to assist you from 8 a.m. to 5:30 p.m. Central Standard Time, Monday through Thursday and 8 a.m. to 2:00 p.m. on Fridays. Dependent Care funds must be available in your account before you can be reimbursed.

The MGM Benny MasterCard

The MGM Benny MasterCard makes using your health FSA quick and easy – just swipe it as payment for your eligible expenses and the funds are automatically deducted from your FSA.

The MGM Benny is an automatic way to pay for qualified health care/benefit expense. It is not a credit card, but can be used to pay for your eligible health flexible spending account (FSA) purchases. The card is similar to a MasterCard, with the value of the participant's account contribution loaded on it. The amount of the qualified purchases will be deducted automatically from the account.

The Card may be used for eligible flexible spending account (FSA) expenses as determined by Section 213 of the Internal Revenue code. You may use the Card for co-pays at hospitals, physician offices, dental offices, vision service locations and pharmacies purchases wherever you can use MasterCard for your eligible unreimbursed medical, dental and vision expenses. Only expenses that have been incurred during the current plan year and/or grace period can be claimed as eligible expenses. There still may be times when you will need to submit a manual claim.

Some over the counter products are eligible to purchase with the Card. These products must be used in treating symptoms of injury and illness. Some examples include: cold and allergy remedies, first aid supplies, pain remedies, etc. Personal care items are not eligible for Card use.

Here's how it works –

- Take your prescription, over the counter healthcare products and other items to the register for purchase
- Present your MGM Benny MasterCard for payment; select the option for "credit"
- The system will identify eligible card purchase (prescriptions and OTC's); pay for your noneligible items separately with another form of payment
- If the purchase is approved (there are sufficient funds in your account), the amount will be deducted from your card account balance.

IRS requires that MGM perform periodic audits on participant accounts. Make sure that you save receipts in the event you are asked to substantiate your purchases. In cases of accidental misuse of the card, you will be asked to provide substantiation of the expenses placed on the card. If expenses cannot be substantiated, you will be asked to repay the charged amount to your health FSA. The card will be suspended if expenses cannot be substantiated.

Always maintain copies of your receipts during the plan year.

Limitations, exclusions, terminations

GROUP VOLUNTARY TERM LIFE INSURANCE

Guarantee issue

If you and your eligible dependents enroll during this enrollment period, you may apply for any amount of coverage up to \$180,000 for yourself and any amount of coverage up to \$40,000 for your spouse. Any coverage over the guarantee issue amounts will be subject to evidence of insurability. If you and your eligible dependents do not enroll at this time, 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.

If you and your eligible dependents enroll at this time and later wish to increase your coverage, you may increase your coverage, with evidence of insurability, at any time during the year. However, you may wait until the next annual enrollment and only coverage over the guarantee issue amounts will be subject to evidence of insurability.

Please see your employer to confirm your eligibility date.

Effective date of coverage

To apply for coverage, complete your enrollment by 9/12/2008. If you apply for coverage after 9/11/2008, 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.

Your coverage will become effective on 10/1/2008. For employees who become eligible after this date please see your plan administrator for your effective date.

Delayed effective date of coverage

Employee: 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. 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.

Exception: Infants are insured from live birth.

New employees

Please contact your plan administrator to determine your eligibility date and/or your effective date of coverage.

Changes to coverage

Each year you and your spouse will be given the opportunity to change your life coverage. You and your spouse may purchase additional life coverage up to the guarantee issue amounts without evidence of insurability if you are already enrolled in the plan. Life coverage over the guarantee issue amounts will be medically underwritten and will require evidence of insurability and approval by Unum's medical underwriters. The suicide exclusion will apply to any increase in coverage.

Limitations/exclusions

Life insurance benefits will not be paid for deaths caused by suicide in the first 24 months after your effective date of coverage. Additionally, no increased or additional benefits will be paid for deaths caused by suicide occurring within 24 months after the day such increased or additional insurance is effective.

Benefits on policies for a spouse and/or dependent children are paid to the employee. The maximum death benefit for a child between the ages of live birth and six months is \$1,000.

Age reduction

Coverage amounts for life insurance for you and your spouse will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% when you reach age 75.

Coverage may not be increased after a reduction.

Benefit payments for dependent coverage

Benefits on policies for a spouse and/or dependent children are paid to the employee. The maximum death benefit for a child between the age of live birth and six months is \$1,000.

EDUCATOR SELECT DISABILITY INSURANCE

Definition of disability

You are disabled when Unum determines that:

- you are limited from performing the material and substantial duties of your regular occupation* due to sickness or injury; and
 - you have a 20% or more loss of indexed monthly earnings due to the same sickness or injury.
- during the elimination period, you are unable to perform any of the material and substantial duties of your regular occupation.

After benefits have been paid for two years, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the care of a physician in order to be considered disabled.

*Unless the policy specifies otherwise, as part of the disability claims evaluation process, Unum will evaluate your occupation based on how it is normally performed in the national economy, not how work is performed for a specific employer, at a specific location, or in a specific region.

New employees

Please contact your plan administrator to determine your eligibility date and/or your effective date of coverage.

Delayed effective date of coverage

Insurance 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.

Benefit amount

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings, unless the excess amount is payable as a cost of living adjustment or due to your participation in the rehabilitation and return-to-work assistance program.

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under workers' compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments or settlements; and certain retirement plans; salary continuation or sick leave plans; other group or association disability programs or insurance; and amounts you (or your family members, if applicable) receive, or are entitled to receive from Social Security or similar governmental programs.

Elimination period

The elimination period is the length of time of continuous disability that must be satisfied before you are eligible to receive benefits.

LTD benefits would begin after the accrual of the number days of disability specified by your plan, if you are disabled as described in the definition above.

Limitations/exclusions/terminations

You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the three months just prior to your effective date of coverage; and
- the disability begins in the first 12 months after your effective date of coverage.

Benefits would not be paid for disabilities caused by, contributed to by, or resulting from:

- intentionally self-inflicted injuries;
- active participation in a riot;
- war, declared or undeclared, or any act of war;
- commission of a crime for which you have been convicted;
- loss of professional license, occupational license or certification;
- pre-existing conditions (see definition).

Unum will not pay a benefit for any period of disability during which you are incarcerated.

The lifetime cumulative maximum benefit for all disabilities due to mental illness and disabilities based primarily on self-reported symptoms is 24 months. Only 24 months of

benefits will be paid for any combination of such disabilities even if the disabilities are not continuous and/or are not related. Payments would continue beyond 24 months only if you are confined to a hospital or institution as a result of the disability.

Your coverage under the policy ends on the earliest of the following:

- 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 except as provided under the covered layoff or leave of absence provision.

Unum will provide coverage for a payable claim that occurs while you are covered under the policy or plan.

ACCIDENT INSURANCE

Exclusions and terminations

Unum will not pay benefits for losses that are caused by or occur as the result of:

- involvement in war or act of war, whether it is declared or undeclared;
- riding in or driving any motor vehicle in a race, stunt show or speed test;
- operating, learning to operate, serving as a crew member of or jumping, parachuting or falling from any aircraft or hot-air balloon, including those which are not motor-driven. This does not include flying as a fare-paying passenger;
- engaging in hang-gliding, bungee jumping, parachuting, sailgliding, parasailing, parakiting or any similar activities;
- participating or attempting to participate in an illegal activity; and/or being incarcerated in a penal institution;
- committing or trying to commit suicide or injuring him/herself intentionally, whether he/she is sane or not;
- having any sickness or declining process caused by a sickness, including physical or mental infirmity. We also will not pay benefits to diagnose or treat the sickness. Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an injury;
- practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received.

The policy will terminate on the earliest of the following:

- written request by the insured individual to terminate the policy;
- failure to pay the premiums for the policy, subject to the grace period allowed;
- death of the insured individual.

Covered accident means an accident causing injury which:

- occurs after the policy effective date;
- occurs while this policy is in force;
- is of a coverage type listed on the policy schedule; and
- is not excluded by name or specific description in this policy.

The definition of hospital does not include certain facilities. See your contract for details.

Effective date of coverage

Coverage becomes effective on the first day of the month in which payroll deductions begin.

SPECIFIED CRITICAL ILLNESS INSURANCE

Pre-existing condition limitation

Benefits for a pre-existing condition (defined as a sickness or physical condition for which within 12 months before the coverage effective date symptoms existed that would cause a person to seek treatment or; the insured was treated, received medical advice from a physician or had taken medicine) will not be paid during the first 12 months the policy is in force.

Coverage amounts

Coronary artery bypass surgery is payable at 25% of the benefit amount, once per lifetime per covered individual. If a covered individual has coronary artery bypass surgery, and is later diagnosed with another covered specified critical illness, the remaining benefit amount can be paid provided the full benefit has not already been paid.

Carcinoma in situ is payable at 25% of the benefit amount, once per lifetime per covered individual. If a covered individual is diagnosed with carcinoma in situ, and is later diagnosed with cancer, the remaining benefit amount can be paid provided the full benefit has not already been paid.

Coverage effective date

Coverage becomes effective on the first day of the month in which payroll deductions begin.

Reduction of benefits

The benefit amount for you and your spouse (if applicable) will reduce by 50% on the first policy anniversary of your 70th birthday, or five years after the policy effective date, whichever is later. Premiums for the policy will not reduce.

Date of diagnosis

- for heart attack (myocardial infarction), the date that the ischemic death of a portion of the heart muscle occurred based on the criteria listed under the heart attack (myocardial infarction) definition;
- for stroke, the date a stroke occurred based on neuroimaging consistent with an acute or subacute abnormality or other neurodiagnostic study and presence of neurological deficits persisting for a period of 30 days or greater;
- for end stage renal (kidney) failure, the date that regular hemodialysis or peritoneal dialysis begins;
- for major organ transplant surgery or coronary artery bypass surgery, the date the major organ transplant surgery or coronary artery bypass surgery occurs; or
- for permanent paralysis (due to a covered accident), the date the physician confirms the permanent paralysis continued for a period of 180 consecutive days.

Date of diagnosis for additional specified critical illness is the date the tissue specimen, blood samples and/or titer(s) are taken on which the diagnosis of cancer or carcinoma in situ is based.

Exclusions and terminations

We will not pay benefits for a specified critical illness or additional specified critical illness that is caused by or occurs as a result of:

- participating or attempting to participate in an illegal activity;
- committing or trying to commit suicide or injuring oneself intentionally, whether sane or not;
- practicing for or participating in any semi-professional or professional competitive athletic contest for which an insured receives any type of compensation or remuneration;
- war or act of war, whether declared or undeclared; or
- having a pre-existing condition as defined and limited in this policy/rider.

No benefits are payable for the following:

- any condition or procedure other than the specified critical illness or additional specified critical illness covered by this policy;
- specified critical illness or additional specified critical illness if an insured was diagnosed with or sought treatment for the same specified critical illness or additional specified critical illness within the ten-year period prior to the coverage effective date;
- transient ischemic attacks; or
- percutaneous coronary intervention (balloon angioplasty, stent implantation or related procedures to increase the flow of blood through the coronary arteries).

Policy with additional specified critical illnesses benefit excludes:

- pre-malignant conditions or conditions with malignant potential;
- basal cell carcinoma and squamous cell carcinoma of the skin, unless metastatic disease develops; or
- melanoma that is diagnosed as Clark's Level I or II, or Breslow less than .75mm.

This policy will terminate on the earliest of the following:

- written request by the insured to terminate this policy;
- failure to pay the premiums for this policy, subject to the grace period allowed;
- payment of the available specified critical illness benefit amount and additional specified critical illness benefit amount (if applicable);
- death of the insured.

Disclosures

ACTIVE EMPLOYMENT

Applies to group insurance products

Active employment means on the day you apply for coverage, you are being paid regularly by Fairborn City Schools for working the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

ACTIVELY AT WORK

Applies to accident insurance and specified critical illness insurance

Actively at work means on the day you apply for coverage you are being paid by Fairborn City Schools for working the required minimum hours each week at one of its business locations or at a location where you represent the company. If you are applying for coverage on a day that is not one of your scheduled work days, then you'll be considered actively at work if you meet this definition as of your last scheduled workday. Employees are not considered actively at work if their normal duties are limited or altered due to their health, or if they are on a leave of absence.

ADDITIONAL INFORMATION

Applies to all individually owned policies

This material is intended to be a brief description of the policy. The policy definitions, exclusions and limitations will be used to determine actual benefit decisions. After a policy is issued, you will have a 30-day period during which the policy can be cancelled at no cost to you. Product availability and provisions may vary by state.

QUESTIONS

If you have any questions about your coverage or how to enroll, please contact your employer.

What's next?

Now that you have had the chance to review the product information, features and provisions of your benefit package, don't miss the opportunity to apply.

- To apply, see HR to schedule a one-on-one meeting with a benefit representative.*

Enrollment begins September 8 and ends September 12.

**Benefit representatives are not paid based on whether or not they sell you an insurance policy. Instead, they are there to help answer questions on what products might best suit your insurance needs. They can also explain pricing and help you complete the application process.*



Group term life and AD&D insurance, group voluntary term life insurance and group long term disability insurance are underwritten by:

Unum Life Insurance Company of America
2211 Congress Street, Portland, ME 04122

Accident insurance and specified critical illness insurance are underwritten by:

Provident Life and Accident Insurance Company
1 Fountain Square, Chattanooga, TN 37402

unum.com

The information in this booklet is not intended to be a complete description of the insurance coverage available. The policies or their provisions may vary or be unavailable in some states. The policies have exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Forms C.FP-1 et al, L-21762 and L-21780, or contact your Unum representative. Unum complies with all state child union and domestic partner laws when applicable.

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