

OAK HARBOR FREIGHT LINES  
PO BOX 1469  
AUBURN, WA 98071



## Learn about your benefits: Important information inside!

Enroll by November 17, 2017.



FOR YOU FROM UNUM

## Don't miss your chance: Get valuable financial protection now!

Your benefits package is an important part of your total compensation. Oak Harbor Freight Lines is offering you this coverage:

- Short Term Disability Insurance
- Term Life Insurance with Accidental Death & Dismemberment (AD&D)



Your employer is offering coverage from Unum, a leading provider of employee benefits. You'll have the opportunity to get benefits that provide valuable financial protection now — and in the future.



**ENROLL October 30 - November 17, 2017**



## Short Term Disability Insurance

can pay you a weekly benefit if you have a covered disability that keeps you from working.

### How does it work?

If a covered illness or injury keeps you from working, Short Term Disability Insurance can replace part of your income while you recover. As long as you remain disabled, you can receive payments for up to 24 weeks.

You're generally considered disabled if you're unable to do important parts of your job — and your income suffers as a result.

### Why is this coverage so valuable?

You can use the money however you choose. It can help you pay for your rent or mortgage, groceries, out-of-pocket medical expenses and more.

### What's covered?

This insurance may cover a variety of conditions and injuries. Here are Unum's top reasons for short term disability claims:<sup>1</sup>

- Normal pregnancy
- Injuries
- Joint disorders
- Back disorders
- Digestive disorders

### Consider your weekly expenses

	Food	\$ _____
	Transportation (gas, car payments, repairs)	_____
	Child care/elder care	_____
	Mortgage/rent	_____
	Utilities (electric, water, cable, phone)	_____
	Medical costs (co-pays, medications)	_____
	Insurance (health, life, car, home)	_____
	Total weekly expenses	\$ _____

### What else is included?

#### Survivor benefit

If you die while you've been receiving Short Term Disability benefits for at least 15 days, your family could get a payment of \$5,000 or 12 times your weekly benefit amount, whichever is less.

<sup>1</sup> Unum internal data, 2015

## Short Term Disability Insurance

### How much coverage can I get?

#### You\*

You are eligible for coverage if you are an active employee in the United States working a minimum of 30 hours per week.

#### Coverage amounts

Cover 60% of your weekly income, up to a maximum benefit of \$2,000 per week. The weekly benefit may be reduced or offset by other sources of income.

\*See the Legal Disclosures in the back of this booklet for more information

- ! Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply later, you may have to answer medical questions.

#### Elimination period (EP)

This is the number of days that must pass between your first day of a covered disability and the day you can begin to receive your disability benefits.

Your benefits would begin after you become disabled for 14 days.

#### Benefit duration (BD)

The maximum number of weeks you can receive benefits while you're disabled. You have a 24 week benefit duration.

### Calculate your cost

#### For step 2:

Enter your rate from the Rate Chart, based on your age.

(Choose the age you will be when your coverage becomes effective on 01/01/2018.)

#### Disability worksheet

##### 1 Calculate your weekly disability benefit.

$\$ \underline{\hspace{1cm}} \div 52 = \$ \underline{\hspace{1cm}} \times 60\% = \$ \underline{\hspace{1cm}}$   
 Your annual earnings      Your weekly earnings      (Max % of income covered)      Max weekly benefit available (if the amount exceeds the plan max of \$2,000, enter \$2,000.)

##### 2 Calculate your cost per paycheck.

$\$ \underline{\hspace{1cm}} \div 10 = \$ \underline{\hspace{1cm}} \times \$ \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}} \times 12 = \$ \underline{\hspace{1cm}} \div \underline{\hspace{1cm}} = \$ \underline{\hspace{1cm}}$   
 Your weekly benefit amount      Your rate      Your monthly cost      Your annual cost      Number of paychecks per year      Your cost per paycheck

Age	Rates
<25	\$0.340
25 - 29	\$0.360
30 - 34	\$0.350
35 - 39	\$0.370
40 - 44	\$0.460
45 - 49	\$0.540
50 - 54	\$0.630
55 - 59	\$0.840
60 - 64	\$1.080
65+	\$1.230

Billed amount may vary slightly. Your rate is based on your age and will increase as you move to the next age band.



## Term Life and Accidental Death & Dismemberment (AD&D) Insurance

can provide money for your family if you die or are diagnosed with a terminal illness.

### How does it work?

You choose the amount of coverage that's right for you, and you keep coverage for a set period of time, or "term." If you die during that term, the money can help your family pay for basic living expenses, final arrangements, tuition and more.

AD&D Insurance is also available, which pays a benefit if you survive an accident but have certain serious injuries. It pays an additional amount if you die from a covered accident.

### Why is this coverage so valuable?

If you buy a minimum of \$10,000 of coverage now, you can increase your coverage in the future up to \$150,000 to meet your growing needs. You won't have to answer any health questions or take a health exam.

### Who can get Term Life coverage?

If you are actively at work at least 30 hours per week, you may apply for coverage for:

<b>You</b>	Choose from \$10,000 to \$500,000 in \$10,000 increments, up to 5 times your earnings.  You can get up to \$150,000 with no health questions. This is your guaranteed issue amount.
<b>Your Spouse</b>	Get up to \$500,000 of coverage in \$5,000 increments.  Your spouse can get up to \$25,000 with no health questions, if eligible (see delayed effective date). This is their guaranteed issue amount.
<b>Your Children</b>	Get up to \$10,000 of coverage in \$2,000 increments if eligible (see delayed effective date). One policy covers all of your children until their 19th birthday – or until their 26th birthday if they are full-time students.  The maximum benefit for children live birth to 6 months is \$1,000.

### What else is included?

#### A "Living" Benefit

If you are diagnosed with a terminal illness with less than 24 months to live, you can request 50% of your life insurance benefit (up to \$750,000) while you are still living. This amount will be taken out of the death benefit, and may be taxable.

#### Waiver of premium

Your cost may be waived if you are totally disabled for a period of time.

#### Portability

You may be able to keep coverage if you leave the company, retire or change the number of hours you work.

Employees or dependents who have a sickness or injury having a material effect on life expectancy at the time their group coverage ends are not eligible for portability.

### Who can get Accidental Death & Dismemberment (AD&D) coverage?

<b>You</b>	Get up to \$500,000 of AD&D coverage for yourself in \$10,000 increments to a maximum of 5 times your earnings.
<b>Your Spouse</b>	Get up to \$500,000 of AD&D coverage for your spouse in \$5,000 increments, if eligible (see delayed effective date).
<b>Your Children</b>	Get up to \$10,000 of coverage for your children in \$2,000 increments if eligible (see delayed effective date).

No questions or health exams required for AD&D coverage.

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

# Term Life Insurance and Accidental Death & Dismemberment (AD&D)

## Worksheet

### Calculate your costs

1. Enter the Term Life coverage amount you want.  
†
2. Divide by the amount shown.
3. Multiply by the rate. Use the Term Life rate table (at right) to find the rate based on age. (Choose the age you will be when your coverage becomes effective on 01/01/2018. To determine your spouse rate, choose the age the spouse will be when coverage becomes effective on 01/01/2018.)
4. Enter your semi-monthly cost.

Term Life	1	2	3	4
Employee	\$_____,000	÷ \$10,000 = \$_____	X \$_____	= \$_____
Spouse	\$_____,000	÷ \$5,000 = \$_____	X \$_____	= \$_____
Child	\$_____,000	÷ \$2,000 = \$_____	X \$_____	= \$_____
<b>Total cost</b>				

Term Life semi-monthly rate for employee		Spouse semi-monthly rate	Child semi-monthly
Age	Per \$10,000 of coverage Cost	Per \$5,000 of coverage Cost	\$0.330 per \$2,000 of coverage
15 - 24	\$0.320	\$0.065	
25 - 29	\$0.310	\$0.093	
30 - 34	\$0.390	\$0.140	
35 - 39	\$0.545	\$0.218	
40 - 44	\$0.840	\$0.330	
45 - 49	\$1.335	\$0.505	
50 - 54	\$1.985	\$0.748	
55 - 59	\$2.910	\$1.070	
60 - 64	\$3.855	\$1.435	
65 - 69	\$5.420	\$2.088	
70 - 74	\$10.260	\$3.945	
75+	\$31.710	\$12.200	

1. Enter the AD&D coverage amount you want.  
†
2. Divide by the amount shown.
3. Multiply by the rate. Use the AD&D rate table (at right) to find the rate.
4. Enter your semi-monthly cost.

AD&D	1	2	3	4
Employee	\$_____,000	÷ \$10,000 = \$_____	X \$0.325	= \$_____
Spouse	\$_____,000	÷ \$5,000 = \$_____	X \$0.170	= \$_____
Child	\$_____,000	÷ \$2,000 = \$_____	X \$0.032	= \$_____
<b>Total cost</b>				

AD&D semi-monthly rates		
	Coverage amount	Rate
Employee	per \$10,000	\$0.325
Spouse	per \$5,000	\$0.170
Child	per \$2,000	\$0.032

Billed amount may vary slightly. † If you apply for coverage above the guaranteed issue amount, you will be asked health-related questions which may affect your ability to get the larger coverage amount. In order to purchase coverage for your dependents, you must buy coverage for yourself. Coverage amounts cannot exceed 100% of your coverage amounts.

# Notes

A series of horizontal dotted lines for writing notes.



162734-1

### Short Term Disability Insurance

#### Active employee

You are considered in active employment, if on the day you apply for coverage, you are being paid regularly by Oak Harbor Freight Lines for the required minimum hours each week and you are performing the material and substantial duties of your regular occupation.

#### Delayed effective date of coverage

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

#### Definition of disability

You are considered disabled when Unum determines that, due to sickness or injury:

- You are limited from performing the material and substantial duties of your regular occupation; and
- You have a 20% or more loss in weekly earnings

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

The loss of a professional or occupational license or certification does not, in itself, constitute disability.

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.

#### Deductible sources of income

Your disability benefit may be reduced by deductible sources of income and any earnings you have while you are disabled, including such items as group disability benefits or other amounts you receive or are entitled to receive:

- Workers' compensation or similar occupational benefit laws
- State compulsory benefit laws
- Automobile liability insurance policy
- Motor vehicle insurance policy or plan
- No fault motor vehicle plan
- Legal judgments and settlements
- Salary continuation or sick leave plans, if applicable
- Other group or association disability programs or insurance
- Social Security or similar governmental programs

#### Exclusions and limitations

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

- War, declared or undeclared or any act of war
- Active participation in a riot
- Intentionally self-inflicted injuries;
- Loss of professional license, occupational license or certification;
- Commission of a crime for which you have been convicted;
- Any period of disability during which you are incarcerated;
- Any occupational injury or sickness (this will not apply to a partner or sole proprietor who cannot be covered by law under workers' compensation or any similar law);

The loss of a professional or occupational license does not, in itself, constitute disability.

#### Termination of coverage

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.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al., or contact your Unum representative.

### Term Life Insurance and Accidental Death & Dismemberment (AD&D)

#### Actively at work

Eligible employees must be actively at work to apply for coverage. Being actively at work means on the day the employee applies for coverage, the individual must be working at one of his/her company's business locations; or the individual must be working at a location where he/she is required to represent the company. If applying for coverage on a day that is not a scheduled workday, the employee will be considered actively at work as of his/her last scheduled workday. Employees are not considered actively at work if they are on a leave of absence or lay off.

An unmarried handicapped dependent child who becomes handicapped prior to the child's attainment age of 26 may be eligible for benefits. Please see your plan administrator for details on eligibility.

Employees must be U.S. citizens or legally authorized to work in the U.S. to receive coverage. Spouses and dependents must live in the U.S. to receive coverage.

Employees must be actively employed in the United States with the Employer to receive coverage. Employees must be insured under the plan for spouses and dependents to be eligible for coverage.

#### Exclusions and limitations

##### AD&D specific exclusions and limitations:

Accidental death and dismemberment benefits will not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body; diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- 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
- Committing or attempting to commit a crime under state or federal law
- 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 – "Being intoxicated" means your or your dependent's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.

#### Delayed effective date of coverage

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

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan.

#### Age reduction

Coverage amounts for Life and AD&D Insurance for you and your dependents will reduce to 65% of the original amount when you reach age 70, and will reduce to 50% of the original amount when you reach age 75. Coverage may not be increased after a reduction.

#### Termination of coverage

Your coverage and your dependents' coverage under the policy 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 actively employed (unless coverage is continued due to a covered layoff, leave of absence, injury or sickness), as described in the certificate of coverage
- 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 a divorce or annulment
  - For dependents, the date of your death

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

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form C.FP-1 et al or contact your Unum representative.

Life Planning Financial & Legal Resources services, provided by LifeWorks, are available with select Unum insurance offerings. Terms and availability of service are subject to change. Service provider does not provide legal advice; please consult your attorney for guidance. Services are not valid after coverage terminates. Please contact your Unum representative for details.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by:

Group Voluntary Term Life and Short Term Disability,

Unum Life Insurance Company of America, Portland, Maine

© 2017 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.





**THIS IS NOT AN APPLICATION FOR INSURANCE:** This is an enrollment form. Please complete this entire form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.



Oak Harbor Freight Lines

**Complete your personal information**

First name (please print)  M. initial  Last name

Social Security Number  Gender  Date of birth (mm-dd-yyyy)  Original hire date (mm-dd-yyyy)

Annual salary  Hours worked per week  Occupation

**Short Term Disability Insurance** 617856-001

**Choose your coverage**

**This plan provides a 60% benefit.**

To calculate your cost per paycheck, refer to the disability worksheet under "Calculate your costs".

Coverage is guaranteed as long as a certain number of employees purchase coverage. If you don't sign up now but decide to apply later, you may need to complete an Evidence of Insurability form. Ask your plan administrator for details.

Your actual billed amount may vary slightly.

617856-001

**Short Term Disability Insurance — SIGN AND CERTIFY**

YES — I want Short Term Disability Coverage	NO — I do not want Short Term Disability Coverage
<input type="checkbox"/> YES, I have read and understand the exclusions, limitations, delayed effective date, benefit reduction and offset features of my coverage as described in the enrollment materials. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.  _____ /_____/_____ Signature Date	<input type="checkbox"/> I DO NOT want Short Term Disability Insurance  I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.  _____ /_____/_____ Signature Date

Return forms to: Human Resources

**Delayed effective date of coverage**

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

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

© 2017 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.



162734-1



## Term Life Insurance

**Complete this form to enroll.** THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

Please complete both sides of this form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.

Oak Harbor Freight Lines

### Step 1: Complete your personal information

617857-001

First name (please print)  M. initial  Last name

Social Security Number  Gender  Date of birth (mm-dd-yyyy)

Street address  Apartment #

City  State  ZIP code  -

Original hire date  Annual salary  Occupation  Hours worked per week

Spouse first name (please print)  M. initial  Last name

Date of birth (mm/dd/yyyy)

### Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse or child(ren) cannot exceed 100% of the coverage amount you purchase for yourself.

#### Term Life Insurance

\* If you've chosen life coverage over the amount of \$150,000 for you, or \$25,000 for your spouse, please complete an Evidence of Insurability form. Ask your plan administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$4,000
<input type="checkbox"/> \$70,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$6,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$8,000
<input type="checkbox"/> \$120,000	<input type="checkbox"/> \$25,000 *	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$150,000 *		

Want a different amount?  \$   \$   \$

#### AD&D insurance

Employee		Spouse		Child	
Coverage amount	Semi-monthly cost	Coverage amount	Semi-monthly	Coverage amount	Semi-monthly cost
<input type="checkbox"/> \$10,000	\$0.33	<input type="checkbox"/> \$5,000	\$0.17	<input type="checkbox"/> \$2,000	\$0.03
<input type="checkbox"/> \$30,000	\$0.98	<input type="checkbox"/> \$10,000	\$0.34	<input type="checkbox"/> \$4,000	\$0.06
<input type="checkbox"/> \$70,000	\$2.28	<input type="checkbox"/> \$15,000	\$0.51	<input type="checkbox"/> \$6,000	\$0.10
<input type="checkbox"/> \$100,000	\$3.25	<input type="checkbox"/> \$20,000	\$0.68	<input type="checkbox"/> \$8,000	\$0.13
<input type="checkbox"/> \$120,000	\$3.90	<input type="checkbox"/> \$25,000	\$0.85	<input type="checkbox"/> \$10,000	\$0.16
<input type="checkbox"/> \$150,000	\$4.88				

Want a different amount?  \$   \$   \$

### Step 3: Name your beneficiaries

**Your primary beneficiary** is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die. **The total percent of benefit** must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Your secondary beneficiary** would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Step 4: Sign and certify

I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change, or if I've made an error completing this form.

\_\_\_\_\_  
Signature

\_\_\_ / \_\_\_ / \_\_\_\_  
Date

No, I do not want coverage under the **Term Life Insurance**.

No, I do not want coverage under **Accidental Death & Dismemberment**.

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

\_\_\_\_\_  
Signature

\_\_\_ / \_\_\_ / \_\_\_\_  
Date

Return forms to: Human Resources  
By: 11/17/2017

#### Delayed effective date of coverage

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

Delayed Effective Date: If your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. Exception: Infants are insured from live birth.

