

## SUMMARY OF BENEFITS

THIS PAGE SUMMARIZES ALL THE BENEFITS AVAILABLE FOR THE EMPLOYEES OF PLM LENDER SERVICES, INC. REFER TO YOUR SCHEDULE OF BENEFITS FORM WHICH OUTLINES YOUR INDIVIDUAL BENEFIT SELECTION(S).

Available  
November 1, 2007  
Active Employees-  
At the Employer's expense

### Monthly Benefit Amount

Nursing Facility  
\$3,000

Residential Care Facility  
70% of the Nursing Facility Monthly Benefit

### Daily Benefit Amount

Home Care- Home and Community-Based Care  
50% of the \$3,000 Nursing Facility Monthly Benefit= \$50/Day

Respite Care  
Benefit payment is based on where care is received.  
See BENEFIT INFORMATION section for details.  
This applies to all employees of PLM Lender Services, Inc.

Lifetime Maximum Amount (the maximum Unum will pay you for all Long Term Care benefits)

3 Year Benefit Duration

\$108,000 (36X the Nursing Facility Monthly Benefit amount)

Elimination Period- 90 consecutive days  
See BENEFIT INFORMATION section for details  
This applies to all employees of PLM Lender Services, Inc.

Available  
December 1, 2007  
Active Employees-  
At your expense

**Monthly Benefit Amount**

Nursing Facility

\$1,000 to \$5,000 additional coverage in \$1,000 increments

**Daily Benefit Amount**

Home Care- Home and Community-Based Care

50% of the \$4,000 Nursing Facility Monthly Benefit= \$66.67/Day  
50% of the \$5,000 Nursing Facility Monthly Benefit= \$83.33/Day  
50% of the \$6,000 Nursing Facility Monthly Benefit= \$100/Day  
50% of the \$7,000 Nursing Facility Monthly Benefit= \$116.67/Day  
50% of the \$8,000 Nursing Facility Monthly Benefit= \$133.33/Day

OR

Home Care- Home, Community-Based and Immediate Family Member Care

50% of the \$4,000 Nursing Facility Monthly Benefit= \$66.67/Day  
50% of the \$5,000 Nursing Facility Monthly Benefit= \$83.33/Day  
50% of the \$6,000 Nursing Facility Monthly Benefit= \$100/Day  
50% of the \$7,000 Nursing Facility Monthly Benefit= \$116.67/Day  
50% of the \$8,000 Nursing Facility Monthly Benefit= \$133.33/Day

**ADDITIONAL COVERAGE OPTIONS**

Uncapped Compound Growth Inflation Protection- 5% compounded annually  
See BENEFIT INFORMATION section for details

Lifetime Maximum Amount (the maximum Unum will pay you for all Long Term Care benefits)

6 Year Benefit Duration

72X the Nursing Facility Monthly Benefit amount

OR

Unlimited

**Application Limits:**

You will be required to complete an Application for Long Term Care Insurance satisfactory to Unum for:

- Monthly Benefit Maximum Amount(s) greater than \$6,000; or
- an Unlimited Lifetime Maximum Amount.

If Unum approves your Application for Long Term Care Insurance, the "PREEXISTING CONDITION" will be waived for your entire amount(s) of insurance. If Unum disapproves your Application for Long Term Care Insurance, you will be insured for the amount(s) selected up to the amount that does not exceed the application limit(s). The "PREEXISTING CONDITION" will apply.

## SUMMARY OF BENEFITS

THIS PAGE SUMMARIZES ALL THE BENEFITS AVAILABLE FOR FAMILY MEMBERS OF PLM LENDER SERVICES, INC. REFER TO YOUR SCHEDULE OF BENEFITS FORM WHICH OUTLINES YOUR INDIVIDUAL BENEFIT SELECTION(S).

Available  
November 1, 2007  
Family Members-  
At your expense

### Monthly Benefit Amount

#### Nursing Facility

\$3,000 to \$8,000 in \$1,000 increments

#### Residential Care Facility

70% of the Nursing Facility Monthly Benefit

### Daily Benefit Amount

#### Home Care- Home and Community-Based Care

50% of the \$3,000 Nursing Facility Monthly Benefit= \$50/Day  
50% of the \$4,000 Nursing Facility Monthly Benefit= \$66.67/Day  
50% of the \$5,000 Nursing Facility Monthly Benefit= \$83.33/Day  
50% of the \$6,000 Nursing Facility Monthly Benefit= \$100/Day  
50% of the \$7,000 Nursing Facility Monthly Benefit= \$116.67/Day  
50% of the \$8,000 Nursing Facility Monthly Benefit= \$133.33/Day

OR

#### Home Care- Home, Community-Based and Immediate Family Member Care

50% of the \$3,000 Nursing Facility Monthly Benefit= \$50/Day  
50% of the \$4,000 Nursing Facility Monthly Benefit= \$66.67/Day  
50% of the \$5,000 Nursing Facility Monthly Benefit= \$83.33/Day  
50% of the \$6,000 Nursing Facility Monthly Benefit= \$100/Day  
50% of the \$7,000 Nursing Facility Monthly Benefit= \$116.67/Day  
50% of the \$8,000 Nursing Facility Monthly Benefit= \$133.33/Day

#### Respite Care

Benefit payment is based on where care is received.

See BENEFIT INFORMATION section for details.

This applies to all family members of PLM Lender Services, Inc.

Uncapped Compound Growth Inflation Protection- 5% compounded annually

See BENEFIT INFORMATION section for details

**Lifetime Maximum Amount (the maximum Unum will pay you for all Long Term Care benefits)**

**3 Year Duration**

**36X the Nursing Facility Monthly Benefit amount**

**OR**

**6 Year Duration**

**72X the Nursing Facility Monthly Benefit amount**

**OR**

**Unlimited**

**Elimination Period- 90 consecutive days**

**See BENEFIT INFORMATION section for details**

**This applies to all family members of PLM Lender Services, Inc.**

## CHANGES IN COVERAGE

### For an Active Employee and their spouse

#### Increases in Coverages:

You have the option to elect to increase coverage from the benefits shown in the SUMMARY OF BENEFITS, no less frequently than on each anniversary date after the Policy is issued. Additional premium will be charged for any increases.

You can apply to increase coverage by filling out a new Benefit Election Form and Application for Long Term Care Insurance. Increases in coverage will take effect at 12:01 a.m. on

- the first of the month after Unum approves your Application for Long Term Care Insurance, if approval is between the first and the fifteenth of the month; or
- the first of the second month after Unum approves your Application for Long Term Care Insurance, if approval is between the sixteenth and the end of the month.

The premium rate to be paid for any increase in coverage is based on your insurance age. To determine insurance age, subtract your date of birth from the date you are applying for the increase in coverage.

#### Decreases in Coverage:

You have the right, exercisable any time after the first year, to lower premium by reducing coverage from the benefit shown in the insured person's SCHEDULE OF BENEFITS, or to discontinue Home Care coverage.

You can apply to decrease coverage by filling out a new Benefit Election Form. Decreases in coverage will take effect at 12:01 a.m. on the first day of the month on or next following the month in which Unum receives the Benefit Election Form. The premium rate to be paid for any decrease in coverage is based on your original issue age.

### For all other eligible persons

#### Increases in Coverages:

You have the option to elect to increase coverage from the benefits shown in the SUMMARY OF BENEFITS, no less frequently than on each anniversary date after the Policy is issued. Additional premium will be charged for any increases.

You can apply to increase coverage by filling out a new Benefit Election Form and Application for Long Term Care Insurance. Increases in coverage will take effect at 12:01 a.m. on the first day of the month after Unum approves your Application for Long Term Care Insurance.

The premium rate to be paid for any increase in coverage is based on your insurance age. To determine insurance age, subtract your date of birth from the date you are applying for the increase in coverage.

#### Decreases in Coverage:

You have the right, exercisable any time after the first year, to lower premium by reducing coverage from the benefit shown in the insured person's SCHEDULE OF BENEFITS, or to discontinue Home Care coverage.

You can apply to decrease coverage by filling out a new Benefit Election Form. Decreases in coverage will take effect at 12:01 a.m. on the first day of the month on or next following the month in which Unum receives the Benefit Election Form. The premium rate to be paid for any decrease in coverage is based on your original issue age.

#### **WHEN CHANGES IN COVERAGE WILL BE DELAYED FOR ACTIVE EMPLOYEES**

Changes in your coverage will not begin if you are absent from work because you are injured, sick, temporarily laid off or on a leave of absence on the date that the coverage would normally begin. Coverage will begin at 12:01 a.m. on the first day of the month after you return to work as an Active Employee.

## BENEFIT INFORMATION

### ELIGIBILITY FOR COVERAGE

If you are an **Active Employee** or a **Family Member** covered under the Policy, you are eligible for coverage.

"**Active Employee**" means an employee working for the Policyholder:

- on a full-time basis for earnings that are paid regularly;
- for a minimum of 20 hours per week for Supervisors; and
- for a minimum of 30 hours per week for all other employees; and
- at the Policyholder's usual place of business or at a location to which their job requires them to travel.

"**Family Members**" means:

- the legally married spouse or registered domestic partner of an **Active Employee**. A registered domestic partner is the person named in a declaration of domestic partnership filed with the Secretary of State of California;
- the natural, adoptive or step-parents/grandparents of an **Active Employee** and their spouse or registered domestic partner;
- the natural, adoptive or step-siblings of an **Active Employee** and their spouse or registered domestic partner;
- the natural, adoptive or step-children of an **Active Employee** and their spouse or registered domestic partner.

**Family Members** who are eligible for coverage as an **Active Employee** are only eligible for coverage as an employee.

To be eligible for coverage, **Family Members** must be between the ages of 18 and 80.

### ELIGIBILITY FOR BENEFITS

You are eligible for a Monthly Benefit if, after the effective date of your coverage and while your coverage is in effect:

- you suffer the loss of 2 or more **Activities of Daily Living (ADLs)**; or you suffer **Severe Cognitive Impairment**; and
- a **Physician** has certified that you are unable to perform (without **Substantial Assistance** from another individual) two of six **Activities of Daily Living (ADLs)** for a period that is expected to last at least 90 days, or that you require **Substantial Supervision** by another individual to protect you and others from threats to health or safety due to **Severe Cognitive Impairment**. You will be required to submit a **Physician** certification every 12 months.

The treatment and services you receive for your **Chronic Illness** must be provided pursuant to a **Plan of Care**.

"**Activities of Daily Living**" (ADLs) are:



- **EATING** - feeding oneself by getting food in the body from a receptacle (such as a plate, cup, or table) or by a feeding tube or intravenously.
- **BATHING** - washing oneself by sponge bath; or in either a tub or shower, including the act of getting into or out of the tub or shower.
- **CONTINENCE** - the ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
- **DRESSING** - putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs.
- **TOILETING** - getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.
- **TRANSFERRING** - the ability to move into and out of a bed, a chair, or wheelchair, or the ability to walk or move around inside or outside the home, regardless of the use of a cane, crutches, or braces.

"Chronic Illness" and "Chronically Ill" mean:

- you are unable to perform, without **Substantial Assistance** from another individual, at least two **Activities of Daily Living**; or
- you require **Substantial Supervision** by another individual to protect you from threats to health and safety due to **Severe Cognitive Impairment**.

"Immediate Family Member" means your spouse, parent, daughter, son, sister or brother.

"Licensed Health Care Practitioner" means any Physician, and any registered professional nurse, licensed social worker, or other individual who meets such requirements as may be prescribed by the Secretary of the Treasury.

"Physician" means a person, other than yourself, who is operating within the scope of his/her license, and is either:

- licensed to practice medicine and surgery and prescribe and administer drugs; or
- legally qualified as a medical practitioner and required to be recognized, under this plan for insurance purposes, according to the insurance laws of the governing jurisdiction.

Unum will consider a person to be a Physician only when the person is performing tasks that are within the limits of the person's medical license. Unum will not recognize the following as Physicians for claims that you make to us under the Policy:

- you, or
- your Immediate Family Member who is your spouse, parent, daughter, son, sister or brother.

"Plan of Care" means a program of treatment or care. It must be developed by your Physician, multi-disciplinary team or Licensed Health Care Practitioner and approved, in writing, by your Physician before care or services begin. The