



**Comal Independent School District
Policy # 124988**

Please read carefully the following description of your UnumProvident Educator Select Income Protection Plan insurance.

Your Plan

Eligibility

You are eligible for disability coverage if you are an active employee in the United States working a minimum of 20 hours per week. The date you are eligible for coverage is the later of: the plan effective date; or the day after you complete the waiting period.

Guarantee Issue

Current Employees: Coverage is available to you without answering any medical questions or providing evidence of insurability. You may enroll on or before the enrollment deadline of 6/9/2007. After the initial enrollment period, you can apply only during an annual enrollment period.

Employees hired on or after 9/1/2007: Coverage is available to you without answering any medical questions or providing evidence of insurability. You may apply for coverage within 60 days after your eligibility date. If you do not apply within 60 days after your eligibility date, you can apply only during an annual enrollment period.

Benefits are subject to the pre-existing condition exclusion referenced later in this document.

Please see your Plan Administrator for your eligibility date.

Benefit Amount

You may purchase a monthly benefit in \$100 units, starting at a minimum of \$200, up to 66 2/3% of your monthly earnings rounded to the nearest \$100, but not to exceed a monthly maximum benefit of \$7,500. Please see your Plan Administrator for the definition of monthly earnings.

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. However, if you are participating in UnumProvident's Rehabilitation and Return to Work Assistance program, the total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 110% of your monthly earnings (unless the excess amount is payable as a Cost of Living Adjustment).

Your disability benefit will be reduced by deductible sources of income and any earnings you have while disabled. Your gross disability payment will be reduced immediately by such items as disability income or other amounts you receive or are entitled to receive from workers compensation or similar occupational benefit laws, sabbatical or assault leave plans and the amount of earnings you receive from an extended sick leave plan as

described in Louisiana Revised Statutes or any other act or law with similar intent.

After you have received monthly disability payments for 12 months, your gross disability payment will be reduced by such items as additional deductible sources of income you receive or are entitled to receive under: state compulsory benefit laws; automobile liability insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Regardless of deductible sources of income, an employee who qualifies for disability benefits is guaranteed to receive a minimum benefit amount of 25% of the gross disability payment.

Continuity of Coverage

If you are actively at work at the time you convert to UnumProvident's plan and become disabled due to a pre-existing condition, benefits may be payable if you were:

- in active employment and insured under the plan on its effective date; and
- insured by the prior plan at the time of change.

To receive a payment, you must satisfy the pre-existing condition under the UnumProvident policy or the prior carrier's policy. If you satisfy UnumProvident's pre-existing condition provision, payments will be determined by the UnumProvident policy.

If you only satisfy the pre-existing condition provision for the prior carrier's policy, the claim will be administered according to the UnumProvident policy. However, the payments will be the lesser of the benefit payable under the terms of the prior plan or the benefit under the UnumProvident plan. The elimination period will be the shorter of the elimination period under the prior plan or the elimination period under the UnumProvident plan. Benefits will end on the earlier of the end of the maximum period of payment under the UnumProvident plan or the date benefits would have ended under the prior plan.

Definition of Disability

You are disabled when UnumProvident determines that:

- you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury;
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury; and
- 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 24 months, you are disabled when UnumProvident 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 regular care of a physician in order to be considered disabled.

Gainful Occupation

Gainful occupation means an occupation that is or can be expected to provide you with an income within 12 months of your return to work, that exceeds 80% of your indexed monthly earnings if you are working or 60% of your indexed monthly earnings if you are not working.

**Return to Work/
Work Incentive Benefit**

UnumProvident supports efforts that enable a disabled employee to remain on the job or return to work as soon as possible. If you are disabled but working part time with monthly disability earnings of 20% or more of your indexed monthly earnings, during the first 12 months, the monthly benefit will not be reduced by any earnings until the gross disability payment plus your disability earnings, exceeds 100% of your indexed monthly earnings. The monthly benefit will then be reduced by that amount.

Elimination Period

The Elimination Period is the length of time of continuous disability, due to sickness or injury, which must be satisfied before you are eligible to receive benefits.

You may choose an Elimination Period (injury/sickness) of 7/7, 14/14, 30/30, 90/90 or 180/180 days.

Benefit Duration

Your duration of benefits is based on your age when the disability occurs.

You may choose one of the following duration options:

Plan A: ADEA II: Your duration of benefits is based on the following table:

<u>Age at Disability</u>	<u>Maximum Duration of Benefits</u>
Less than age 60	To age 65, but not less than 5 years
Age 60 through 64	5 years
Age 65 through 69	To age 70, but not less than 1 year
Age 70 and over	1 year

OR:

Plan B: ADEA II/3 YR ADEA: Your duration of benefits is based on the following tables:

For disabilities due to injury:

<u>Age at Disability</u>	<u>Maximum Duration of Benefits</u>
Less than age 60	To age 65, but not less than 5 years
Age 60-64	5 years
Age 65-69	To age 70, but not less than 1 year
Age 70 and over	1 year

For disabilities due to sickness:

<u>Age at Disability</u>	<u>Maximum Duration of Benefits</u>
Less than age 67	3 years
Age 67 through 68	To age 70, but not less than 1 year
Age 69 and over	1 year

Federal Income Taxation

The taxability of benefits depends on how premium was taxed during the plan year in which you become disabled. If you paid 100% of the premium for the plan year with **post-tax** dollars, your benefits **will not** be taxed. If premium for the plan year is paid with **pre-tax** dollars, your benefits **will** be taxed. If premium for the plan year is paid partially with post-tax dollars and partially with pre-tax dollars, or if you and your Employer share in the cost, then a portion of your benefits will be taxed.

Additional Benefits

Worksite Modification

If a worksite modification will enable you to remain at work or return to work, a designated UnumProvident professional will assist in identifying what's needed. A written agreement must be signed by you, your employer and UnumProvident, and we will reimburse your employer for the greater of \$1,000 or the equivalent of two months of your disability benefit.

Rehabilitation and Return to Work Assistance

UnumProvident has a vocational Rehabilitation and Return to Work Assistance program available to assist you in returning to work. We will make the final determination of your eligibility for participation in the program, and will provide you with a written Rehabilitation and Return to Work Assistance plan developed specifically for you. This program may include, but is not limited to the following benefits:

- coordination with your Employer to assist your return to work;
- adaptive equipment or job accommodations to allow you to work;
- vocational evaluation to determine how your disability may impact your employment options;
- job placement services;
- resume preparation;
- job seeking skills training; or
- education and retraining expenses for a new occupation.

If you are participating in a Rehabilitation and Return to Work Assistance program, we will also pay an additional disability benefit of 10% of your gross disability payment to a maximum of \$1,000 per month. In addition, we will make monthly payments to you for 3 months following the date your disability ends, if we determine you are no longer disabled while:

- you are participating in a Rehabilitation and Return to Work Assistance program; and
- you are not able to find employment.

(This benefit is not allowed in New Jersey.)

Dependent Care Expense Benefit

If you are disabled and participating in UnumProvident's Rehabilitation and Return to Work Assistance program, UnumProvident will pay a Dependent Care Expense Benefit when you are disabled and you provide satisfactory proof that you:

- are incurring expenses to provide care for a child under the age of 15;
- and/or start incurring expenses to provide care for a child age 15 or older or a family member who needs personal care assistance.

The payment will be \$350 per month per dependent, to a maximum of \$1,000 per month for all dependent care expenses combined.

Waiver of Premium

After you have received disability payments under the plan for 90 consecutive days, from that point forward you will not be required to pay premiums as long as you are receiving disability benefits.

**Work/Life Balance
Employee Assistance
Program¹**

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 twenty-four 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.

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 employees 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, UnumProvident'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.

**Worldwide
Emergency Travel
Assistance Services²**

Whether your travel is for business or pleasure, our 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 world³. 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 more than 100 miles from home. Your spouse and dependent children do not have to be traveling with you to be eligible. However, spouses traveling on business for their employer are not covered by this program.

Survivor Benefit

UnumProvident will pay your eligible survivor a lump sum benefit equal to 3 months of your gross disability payment.

This benefit will be paid 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 receive payments under the plan. If you have no eligible survivors, payment will be made to your estate, unless there is none. In that case, no payment will be made. However, we will first apply the survivor benefit to any overpayment which may exist on your claim.

You may receive your survivor benefit prior to your death if you are receiving monthly payments and your physician certifies in writing that you have been diagnosed as terminally ill and your life expectancy has been reduced to less than 12 months. This benefit is only payable once and if you elect to receive this benefit, no survivor benefit will be payable to your eligible survivor upon your death. (Note this "Accelerated Survivor Benefit" is not available in Connecticut.)

**Limitations/Exclusions/
Termination of Coverage*****Pre-existing Condition
Exclusion***

Benefits will not be paid for disabilities caused by, contributed to by, or resulting from a pre-existing condition. 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 3 months just prior to your effective date of coverage; and
- the disability begins in the first 12 months after your effective date of coverage.

***Instances When Benefits
Would Not Be Paid***

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

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

UnumProvident will not cover a disability due to war, declared or undeclared, or any act of war.

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

***Mental Illness/Self-Reported
Symptoms***

The lifetime cumulative maximum benefit period 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.

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 later of the last day you are in active employment except as provided under the covered layoff or leave of absence provision; or if applicable, the last day of your contract with your Employer but not beyond the end of your Employer's current school contract year.

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

Next Steps

How to Apply/ Effective Date of Coverage

Current employees: To apply for coverage, complete your enrollment form by 6/9/2007. Your effective date of coverage is 9/1/2007.

For employees hired on or after 9/1/2007: To apply for coverage, complete your enrollment form within 60 days of your eligibility date. Please see your Plan Administrator for your effective date.

If you do not enroll during the initial enrollment period, you may apply only during an annual enrollment.

Delayed Effective Date of Coverage

If you are absent from work due to injury, sickness, temporary layoff or leave of absence, your coverage will not take effect until you return to active employment. Please contact your Plan Administrator after you return to active employment for when your coverage will begin.

Questions

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

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

^{1,2} Work-life balance employee assistance program and On-Claim Support services are provided by Ceridian Corporation. Worldwide emergency travel assistance services are provided by Assist America, Inc. Services are available with selected UnumProvident 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 UnumProvident representative for full details.

³ All Worldwide 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.



COMAL INDEPENDENT SCHOOL DISTRICT

Costs below are based on a **Monthly** payroll deduction
(Employer billing mode is based on **12 Payments** per year)

Product: Educator Select Income Protection Plan			Plan A					Plan B				
			ADEA II Duration of Benefits					Injury - ADEAII Duration of Benefits Sickness - 3YR Duration of Benefits				
			Elimination Period (Days)					Elimination Period (Days)				
			Injury (Days)	7	14	30	90	180	7	14	30	90
Sickness (Days)			7	14	30	90	180	7	14	30	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit										
3600	300	200	7.72	7.26	5.94	3.52	2.72	5.40	4.94	3.62	3.14	2.42
5400	450	300	11.58	10.89	8.91	5.28	4.08	8.10	7.41	5.43	4.71	3.63
7200	600	400	15.44	14.52	11.88	7.04	5.44	10.80	9.88	7.24	6.28	4.84
9000	750	500	19.30	18.15	14.85	8.80	6.80	13.50	12.35	9.05	7.85	6.05
10800	900	600	23.16	21.78	17.82	10.56	8.16	16.20	14.82	10.86	9.42	7.26
12600	1050	700	27.02	25.41	20.79	12.32	9.52	18.90	17.29	12.67	10.99	8.47
14400	1200	800	30.88	29.04	23.76	14.08	10.88	21.60	19.76	14.48	12.56	9.68
16200	1350	900	34.74	32.67	26.73	15.84	12.24	24.30	22.23	16.29	14.13	10.89
18000	1500	1000	38.60	36.30	29.70	17.60	13.60	27.00	24.70	18.10	15.70	12.10
19800	1650	1100	42.46	39.93	32.67	19.36	14.96	29.70	27.17	19.91	17.27	13.31
21600	1800	1200	46.32	43.56	35.64	21.12	16.32	32.40	29.64	21.72	18.84	14.52
23400	1950	1300	50.18	47.19	38.61	22.88	17.68	35.10	32.11	23.53	20.41	15.73
25200	2100	1400	54.04	50.82	41.58	24.64	19.04	37.80	34.58	25.34	21.98	16.94
27000	2250	1500	57.90	54.45	44.55	26.40	20.40	40.50	37.05	27.15	23.55	18.15
28800	2400	1600	61.76	58.08	47.52	28.16	21.76	43.20	39.52	28.96	25.12	19.36
30600	2550	1700	65.62	61.71	50.49	29.92	23.12	45.90	41.99	30.77	26.69	20.57
32400	2700	1800	69.48	65.34	53.46	31.68	24.48	48.60	44.46	32.58	28.26	21.78
34200	2850	1900	73.34	68.97	56.43	33.44	25.84	51.30	46.93	34.39	29.83	22.99
36000	3000	2000	77.20	72.60	59.40	35.20	27.20	54.00	49.40	36.20	31.40	24.20
37800	3150	2100	81.06	76.23	62.37	36.96	28.56	56.70	51.87	38.01	32.97	25.41
39600	3300	2200	84.92	79.86	65.34	38.72	29.92	59.40	54.34	39.82	34.54	26.62
41400	3450	2300	88.78	83.49	68.31	40.48	31.28	62.10	56.81	41.63	36.11	27.83
43200	3600	2400	92.64	87.12	71.28	42.24	32.64	64.80	59.28	43.44	37.68	29.04
45000	3750	2500	96.50	90.75	74.25	44.00	34.00	67.50	61.75	45.25	39.25	30.25
46800	3900	2600	100.36	94.38	77.22	45.76	35.36	70.20	64.22	47.06	40.82	31.46
48600	4050	2700	104.22	98.01	80.19	47.52	36.72	72.90	66.69	48.87	42.39	32.67
50400	4200	2800	108.08	101.64	83.16	49.28	38.08	75.60	69.16	50.68	43.96	33.88
52200	4350	2900	111.94	105.27	86.13	51.04	39.44	78.30	71.63	52.49	45.53	35.09
54000	4500	3000	115.80	108.90	89.10	52.80	40.80	81.00	74.10	54.30	47.10	36.30
55800	4650	3100	119.66	112.53	92.07	54.56	42.16	83.70	76.57	56.11	48.67	37.51
57600	4800	3200	123.52	116.16	95.04	56.32	43.52	86.40	79.04	57.92	50.24	38.72
59400	4950	3300	127.38	119.79	98.01	58.08	44.88	89.10	81.51	59.73	51.81	39.93
61200	5100	3400	131.24	123.42	100.98	59.84	46.24	91.80	83.98	61.54	53.38	41.14
63000	5250	3500	135.10	127.05	103.95	61.60	47.60	94.50	86.45	63.35	54.95	42.35
64800	5400	3600	138.96	130.68	106.92	63.36	48.96	97.20	88.92	65.16	56.52	43.56
66600	5550	3700	142.82	134.31	109.89	65.12	50.32	99.90	91.39	66.97	58.09	44.77
68400	5700	3800	146.68	137.94	112.86	66.88	51.68	102.60	93.86	68.78	59.66	45.98
70200	5850	3900	150.54	141.57	115.83	68.64	53.04	105.30	96.33	70.59	61.23	47.19
72000	6000	4000	154.40	145.20	118.80	70.40	54.40	108.00	98.80	72.40	62.80	48.40
73800	6150	4100	158.26	148.83	121.77	72.16	55.76	110.70	101.27	74.21	64.37	49.61
75600	6300	4200	162.12	152.46	124.74	73.92	57.12	113.40	103.74	76.02	65.94	50.82
77400	6450	4300	165.98	156.09	127.71	75.68	58.48	116.10	106.21	77.83	67.51	52.03
79200	6600	4400	169.84	159.72	130.68	77.44	59.84	118.80	108.68	79.64	69.08	53.24
81000	6750	4500	173.70	163.35	133.65	79.20	61.20	121.50	111.15	81.45	70.65	54.45
82800	6900	4600	177.56	166.98	136.62	80.96	62.56	124.20	113.62	83.26	72.22	55.66
84600	7050	4700	181.42	170.61	139.59	82.72	63.92	126.90	116.09	85.07	73.79	56.87
86400	7200	4800	185.28	174.24	142.56	84.48	65.28	129.60	118.56	86.88	75.36	58.08
88200	7350	4900	189.14	177.87	145.53	86.24	66.64	132.30	121.03	88.69	76.93	59.29
90000	7500	5000	193.00	181.50	148.50	88.00	68.00	135.00	123.50	90.50	78.50	60.50
91800	7650	5100	196.86	185.13	151.47	89.76	69.36	137.70	125.97	92.31	80.07	61.71
93600	7800	5200	200.72	188.76	154.44	91.52	70.72	140.40	128.44	94.12	81.64	62.92

REF #: 1513046

Find your Annual/Monthly Earnings above to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.



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			Elimination Period (Days)					Elimination Period (Days)				
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Sickness (Days)			7	14	30	90	180	7	14	30	90	180
Annual Earnings	Monthly Earnings	Maximum Monthly Benefit										
95400	7950	5300	204.58	192.39	157.41	93.28	72.08	143.10	130.91	95.93	83.21	64.13
97200	8100	5400	208.44	196.02	160.38	95.04	73.44	145.80	133.38	97.74	84.78	65.34
99000	8250	5500	212.30	199.65	163.35	96.80	74.80	148.50	135.85	99.55	86.35	66.55
100800	8400	5600	216.16	203.28	166.32	98.56	76.16	151.20	138.32	101.36	87.92	67.76
102600	8550	5700	220.02	206.91	169.29	100.32	77.52	153.90	140.79	103.17	89.49	68.97
104400	8700	5800	223.88	210.54	172.26	102.08	78.88	156.60	143.26	104.98	91.06	70.18
106200	8850	5900	227.74	214.17	175.23	103.84	80.24	159.30	145.73	106.79	92.63	71.39
108000	9000	6000	231.60	217.80	178.20	105.60	81.60	162.00	148.20	108.60	94.20	72.60
109800	9150	6100	235.46	221.43	181.17	107.36	82.96	164.70	150.67	110.41	95.77	73.81
111600	9300	6200	239.32	225.06	184.14	109.12	84.32	167.40	153.14	112.22	97.34	75.02
113400	9450	6300	243.18	228.69	187.11	110.88	85.68	170.10	155.61	114.03	98.91	76.23
115200	9600	6400	247.04	232.32	190.08	112.64	87.04	172.80	158.08	115.84	100.48	77.44
117000	9750	6500	250.90	235.95	193.05	114.40	88.40	175.50	160.55	117.65	102.05	78.65
118800	9900	6600	254.76	239.58	196.02	116.16	89.76	178.20	163.02	119.46	103.62	79.86
120600	10050	6700	258.62	243.21	198.99	117.92	91.12	180.90	165.49	121.27	105.19	81.07
122400	10200	6800	262.48	246.84	201.96	119.68	92.48	183.60	167.96	123.08	106.76	82.28
124200	10350	6900	266.34	250.47	204.93	121.44	93.84	186.30	170.43	124.89	108.33	83.49
126000	10500	7000	270.20	254.10	207.90	123.20	95.20	189.00	172.90	126.70	109.90	84.70
127800	10650	7100	274.06	257.73	210.87	124.96	96.56	191.70	175.37	128.51	111.47	85.91
129600	10800	7200	277.92	261.36	213.84	126.72	97.92	194.40	177.84	130.32	113.04	87.12
131400	10950	7300	281.78	264.99	216.81	128.48	99.28	197.10	180.31	132.13	114.61	88.33
133200	11100	7400	285.64	268.62	219.78	130.24	100.64	199.80	182.78	133.94	116.18	89.54
135000	11250	7500	289.50	272.25	222.75	132.00	102.00	202.50	185.25	135.75	117.75	90.75

REF #: 1513046

Find your Annual/Monthly Earnings above to determine your Maximum Monthly Benefit. If your Annual/Monthly Earnings are not shown, use the next lower Annual/Monthly Earnings and corresponding Maximum Monthly Benefit. Or, you may refer to the Plan Highlights to calculate your Maximum Monthly Benefit based on your earnings.



To: Currently Insured Employees of Comal Independent School District
From: Unum
Subject: Disability Plan changes from Unum Effective 9/1/2007
Date: March 27, 2007

Beginning on 9/1/2007 some important changes are being made to the Educator Salary Protection Insurance Plan available through your school district. The insurance carrier for your plan, Unum Life Insurance Company of America, is pleased to introduce the Educator Select income protection insurance plan beginning in 2007. Comal Independent School District has made the decision to replace the existing Educator Disability insurance plan with the New Unum Educator Select income protection insurance plan.

There are important differences between these two disability insurance plans. Please see the attached summary for an overview of the differences between your current disability plan and the new Educator Select income protection insurance plan.

During your school's enrollment period you will have several options available to you:

1. You may choose to keep your current coverage amount and elimination period (if your EP is offered in the new plan). If so, your existing Educator Salary Protection Insurance Plan coverage amount and elimination period will be **transferred automatically** to the new Educator Select Income Protection Insurance plan as of 9/1/2007. You will not need to sign a new enrollment form and your current premium deduction will remain virtually the same.
2. You may choose to take this opportunity to review your current coverage and change your elections to suit your current needs. Simply review the new Educator Select income protection insurance plan highlight sheet and rate sheet that will be included in your enrollment packet. Complete the enrollment form with your coverage elections and return it to your broker or Plan Administrator during the 60-day enrollment period.
3. You may choose to opt out of the plan. By choosing this option, you will be canceling your disability insurance coverage as of 9/1/2007. We will need your cancellation request in writing, so you will need to sign a cancellation of coverage form that is available from your broker or Plan Administrator.

Questions? If you have any questions about the new Educator Select income protection insurance plan, please contact your Broker at 830-606-5100.



MGM Educator Disability Plan & New Educator Select Income Protection Insurance Plan Comparison

BENEFIT	CURRENT PLATINUM PLAN	EDUCATOR SELECT PLAN
Elimination Period(s)	0/3, 7/7, 14, 30, 60, 90 or 180 Days	7/7, 14, 30, 90 or 180 Days
Monthly Benefit	Benefits are sold in \$100 increments with a minimum monthly benefit of \$200 and a maximum monthly benefit of \$7,500. Benefit cannot exceed 66 2/3% of monthly earnings. Guarantee Issue Amount--\$7,500.	Benefits are sold in \$100 increments with a minimum monthly benefit of \$200 and a maximum monthly benefit of \$7,500. Benefit cannot exceed 66 2/3% of monthly earnings. Guarantee Issue Amount--\$7,500.
Survivor Benefit	After 6 months of benefits - 3 times the amount of the regular monthly disability benefit	After 6 months of benefits - 3 times the amount of the regular monthly disability benefit
Waiver of Premium	After 90 days of total disability benefits	After 90 days of receiving disability benefits
Hospital Indemnity Benefit	Twice the amount of the regular monthly disability benefit. Payable on the first day of hospital confinement, to a maximum of 90 days.	No Benefit
Medical Treatment Benefit	Accident: \$100; Sickness: \$50. Limited to 4 times per calendar year.	No benefit
AD&D Benefit	Ten times the amount of the regular monthly disability benefit.	No Benefit
Accelerated Survivor Benefit	After 6 months of benefits - 3 times the amount of the regular monthly disability benefit. Paid in lieu of the Survivor Benefit if diagnosed as terminally ill.	After 6 months of benefits - 3 times the amount of the regular monthly disability benefit. Paid in lieu of the Survivor Benefit if diagnosed as terminally ill.
Work-LifeBalance® Employee Assistance Plan	When an employee needs help with work, home, and personal and family issues, Unum's LifeBalance Program is there to help.	When an employee needs help with work, home, and personal and family issues, Unum's LifeBalance Program is there to help.
Child Care Expense Benefit	No Benefit.	While participating in Unum's Rehabilitation & Return to Work Assistance program. Child Care Benefit - \$350 per dependent with \$1000 per month Maximum.
Worldwide Travel Assistance	No Benefit	Worldwide emergency travel assistance services: Medical resources, prescription refills and transportation assistance for employees, their spouses and children when on business or personal travel more than 100 miles from home.
Worksite Modification Benefit	Pays to the school the greater of two months of the insured's regular disability benefit or \$1,000 for worksite modification.	Pays to the school the greater of two months of the insured's regular disability benefit or \$1,000 for worksite modification.
Guaranteed Minimum Monthly Benefit	25% of Gross Monthly benefit	25% of Gross Monthly benefit
Definition of Total Disability	Two Year Own Occupation; Any occupation after two years.	Two Year Own Occupation; Any occupation after two years.
Pre-Existing Condition Exclusion	3/12	3/12
New Re-Enrollment Underwriting Guidelines	During each subsequent re-enrollment period, currently Insured Employees can increase their current monthly benefit without evidence of insurability. <i>The increased amount is subject to the pre-existing condition limitation.</i> Late Entrants can enroll without evidence of insurability. <i>The full amount of coverage is subject to the pre-existing condition limitation.</i>	

Note: This Summary only provides highlights of some plan benefits and provisions. Please refer to the highlight sheet included in your enrollment packet for additional coverage details, limitations and exclusions.