

Policyholder: Verticals OnDemand Incorporated

Policy Number: 917113 001

Policy Effective Date: November 1, 2022

Premium Due and Payable: November 1 and the first day
of each following month.

Governing Jurisdiction: NEW JERSEY

NEW JERSEY

TEMPORARY

DISABILITY

BENEFITS

INSURANCE

POLICY

NON

PARTICIPATING

Policy Anniversary: November 1, 2023, and each following
November 1.

Unum Life Insurance Company of America
(referred to as the Insurance Company) will pay
benefits provided in this policy. The Insurance
Company makes this promise subject to all of this
policy's provisions.

All the provisions of the Law are and will remain part
of this policy as completely as if written here, as far
as they apply to disability benefits provided by this
policy.

Signed for the Insurance Company at Portland, Maine
on the Policy Effective Date.


Secretary


President

Unum Life Insurance Company of America

This policy is divided into sections as follows:

SECTION I	POLICY SPECIFICATIONS
SECTION II	DEFINITIONS
SECTION III	ELIGIBILITY AND EFFECTIVE DATES
SECTION IV	BENEFITS
SECTION V	TERMINATION PROVISIONS
SECTION VI	GENERAL POLICY PROVISIONS
SECTION VII	PREMIUMS

SECTION I - POLICY SPECIFICATIONS

PART I

SCHEDULE

1. TEMPORARY DISABILITY BENEFITS - Employees only

a. Description of Eligible Classes

All Employees eligible under the New Jersey Temporary Disability Benefits Law

b. Amounts of Insurance

Temporary Disability Benefit

85% of average weekly wage to a level of benefits equal to the New Jersey TDB Statutory Plan.

All amounts are rounded to the next lower \$1.00.

The State-wide average weekly wage will be set annually by the Commissioner of Labor and Industry. It may vary from year to year.

c. Day Benefits Begin:

8th day accidental injury;
8th consecutive day sickness.

NOTE:

Benefits for the first 7 days of disability become payable if the period of disability extends for 3 or more weeks.

d. Maximum Benefit Period:

26 weeks for each period of disability.

e. Pregnancy:

Covered the same as a sickness.

SECTION I - POLICY SPECIFICATIONS (continued)

PART II

GENERAL INFORMATION

f. Waiting Period:

i. Employees hired on or before policy effective date: None

ii. Employees hired after the policy effective date: None

g. Employee Contributions Required: No

SECTION II - DEFINITIONS

For the purpose of this policy:

"Accidental injury" means harm caused solely by accident and not contributed to by any other cause.

"Alternative base year" means the last four completed calendar quarters immediately preceding the period of disability. However, if the employee does not have sufficient qualifying weeks or wages in the last four completed calendar quarters immediately preceding the period of disability, "alternative base year" means the last three completed calendar quarters immediately preceding the employee's benefit year and, of the calendar quarter in which the period of disability commences, the portion of the quarter which occurs before the commencing the period of disability.

"Average weekly wage" means the greatest of the amounts derived by dividing the employee's total wages earned from:

1. the employer in the base weeks in the base year just before the week in which the total disability begins or the date advanced written notice of claim is provided to us, by the number of such base weeks; or
2. all employers in the base weeks in the base year just before the week in which the total disability begins or the date advanced written notice of claim is provided to us, by the number of such base weeks.

"Base week" means any calendar week of the employee's base year during which an employee earned in employment from an employer remuneration not less than an amount 20 times the current state minimum wage in effect on October 1 of the calendar year preceding the calendar year in which the benefit year commences, which amount shall be adjusted to the next higher multiple of \$1.00 if not already a multiple thereof, except that if in any calendar week an employee subject to this paragraph is in employment with more than one employer, the employee may in that calendar week establish a base week with respect to each of the employers from whom the employee earns remuneration equal to not less than the amount defined in this paragraph during that week.

"Base year" means the first four of the last five completed calendar quarters immediately preceding the period of disability, except that if the employee does not have sufficient qualifying weeks or wages in their base year to qualify for benefits, the employee shall have the option of designating that employee's base year be the alternative base year.

"Calendar quarter" means the period of 3 consecutive calendar months beginning on January 1, April 1, July 1 and October 1.

"Certificate" means a written statement prepared by the Insurance Company including all riders and supplements, if any, setting forth a summary of:

- a. the insurance benefits to which an employee is entitled;
- b. to whom the benefits are payable; and
- c. limitations or requirements that may apply.

SECTION II - DEFINITIONS - CONTINUED

"Employee" means a person:

1. in employment (as defined in the Unemployment Compensation Law) for which he is entitled to wages from the employer; or
2. who has been out of such employment for less than 2 weeks.

"Disability" or "Disabled" refers to a continuing period of total disability or partial disability.

"Employer" means the policyholder who is an employer subject to the Unemployment Compensation Law, and includes any division, any subsidiary or any affiliated company named in the application.

"Grace period" is the 60 days following any premium due date.

"Home Office" means the Unum Life Insurance Company of America, 2211 Congress Street, Portland, Maine 04122.

"The Law" means the New Jersey Temporary Disability Law of 1948 and includes any laws which:

1. amend or supplement it; and
2. are or become effective while this policy is in force.

Male pronoun wherever used includes the female.

"Occupational" means arising out of, or in the course of, any employment for pay or profit.

"Partial Disability" or "Partially Disabled" means that, as a result of sickness or accidental injury, the employee who is otherwise eligible for temporary disability benefits but is able to return to work on a reduced basis while recovering from the total disability.

"Qualified Healthcare Provider" means a physician, dentist, optometrist, podiatrist, practicing psychologist, advanced practice nurse, certified nurse midwife or chiropractor, who is operating within the scope of his license; and either

1. licensed to practice medicine and prescribe and administer drugs or to perform surgery; or
2. legally qualified as a medical practitioner and required to be recognized, under this policy for insurance purposes, according to the Law.

It does not include an employee or his spouse or same-sex civil union partner (including a partner in a substantially similar relationship that goes by a different name), his daughter, son, father, mother, sister or brother.

"Sickness" means illness or disease. It includes pregnancy.

"State Plan" means the plan of temporary disability benefits payable according to the provisions of Article III of the Law.

"Total disability" and "totally disabled" mean that, as a result of sickness or accidental injury, the employee is totally unable to perform the duties of his employment.

SECTION II - DEFINITIONS - CONTINUED

"Unemployment Compensation Law" means the New Jersey Unemployment Compensation Law of 1936 and includes any laws which amend or supplement it.

"Wages" means earnings including commissions or bonuses paid by the employer to the employee and the cash value of any other compensation payable by that employer other than in cash.

SECTION III - ELIGIBILITY AND EFFECTIVE DATES

A. ELIGIBLE CLASSES

The classes eligible for insurance are shown in the Application.

B. DATE OF ELIGIBILITY

Each employee in an eligible class will be eligible for insurance on the later of these dates:

1. the policy effective date, if he is employed on that date; or
2. the date he begins employment.

C. EFFECTIVE DATES OF INSURANCE

Insurance for an employee will become effective at 12:01 a.m. on the earliest of the following dates:

1. his date of eligibility if that is a regularly scheduled work day;
2. his date of eligibility if that is not a regularly scheduled work day, but he was working on the last preceding regularly scheduled work day; or
3. the first regularly scheduled work day following his date of eligibility if:
 - a. his date of eligibility is not a regularly scheduled work day; and
 - b. he was not at work on the last preceding regularly scheduled work day.

SECTION IV - BENEFITS

TEMPORARY DISABILITY BENEFITS

A. TEMPORARY DISABILITY BENEFITS

TOTAL DISABILITY

A temporary disability benefit will be paid if the employee as a result of an accidental injury or sickness:

1. becomes totally disabled while insured; and
2. requires the regular care of a qualified healthcare provider; and
3. submits proof of his total disability; and
4. has established at least 20 base weeks within the base year preceding the week in which the period of total disability began, or the date advanced written notice is provided to us; or
5. has earned \$12,000 or more within the base year preceding the week in which the period of total disability began, or the date advanced written notice is provided to us.

PARTIAL DISABILITY

If an employee is able to return to work on a reduced basis, he may be eligible to receive partial disability benefits if the following requirements are met:

1. The employee must have been totally disabled and receiving total disability benefits for at least seven consecutive days; and
2. The employer permits a reduced work schedule.

The maximum duration of partial disability benefits is eight weeks, unless, after a review of medical documentation from a qualified healthcare provider, we approve in writing an extension beyond eight weeks, but in no case shall the duration be extended to more than 12 weeks.

The combination of total disability benefits and partial disability benefits shall not continue beyond the maximum benefit period.

We will pay a benefit amount equal to the total disability benefit less any wages earned while partially disabled. If the wages earned exceed the amount of total disability benefits payable under this policy, no disability benefits will be paid.

If the employee is able to return to work on a reduced basis but the employer is unable or chooses not to permit a reduced work schedule, the employee will continue to be eligible for total disability benefits until he is fully recovered from the disability and able to perform the duties of his employment, but nothing in this policy shall be construed as increasing the total number of weeks of disability benefits for which the employee is eligible.

SECTION IV - BENEFITS (continued)

Temporary disability benefits will:

1. be at least equal to the amount and duration of benefits that would have been payable under the State Plan;
2. not exceed his regular weekly wages just before the beginning of total disability, when added to the amount of wages the employee continues to receive from the employer; and
3. only be paid for up to the maximum benefit period during any one continuous period of total disability.

The temporary disability benefit amount will be reduced by any of the other disability income benefits shown below. Benefits payable for a fractional part of a week will be paid at a daily rate of 1/7th of the weekly temporary disability benefit, rounded to the next lower \$1, for each day of disability.

Other Disability Income Benefits

Other disability income benefits means those benefits shown below that are payable for the same disability for which the Insurance Company pays a temporary disability benefit.

1. Any amount paid or payable to the employee under a disability benefit law or similar law of any State.
2. Any amount paid or payable to the employee under the maintenance and cure program of the federal maritime law commonly referred to as the Jones Act.

A new period of disability will start if the employee becomes totally disabled due to the same or a related cause if:

1. the periods are separated by more than 14 days; and
2. the employee did earn wages from the employer during such period.

SECTION IV - BENEFITS (continued)

The Temporary disability benefit, the day benefits begin and the maximum benefit period are shown in the Application. The temporary disability benefit will be reduced by the amount being paid for the same disability under any of the following to which an employee's most recent employer contributed on his behalf:

1. a government or private retirement program;
2. a pension program; or
3. a permanent disability benefit or allowance program.

B. Concurrent Employment

If an employee is employed by two or more employers at the same time, the Insurance Company will pay its share of benefits according to the regulations which apply to concurrent coverage.

C. Exclusions

No temporary disability benefits will be paid:

1. for loss resulting from:
 - a. intentionally self-inflicted injury;
 - b. due to willfully and intentionally self-inflicted injury, or an injury sustained in the perpetration by the employee of a crime of the first, second, third or fourth degree, or for any period during which the employee would be disqualified for unemployment compensation benefits for gross misconduct.
 - c. an occupational injury or sickness. But this exclusion will not apply to loss which is not compensable under Worker's Compensation Law.

NOTE: No benefits shall be paid for any period of disability during which the employee is not under care of a qualified healthcare provider, who, when requested by the division, shall certify within the scope of the practitioner's practice, the disability of the claimant, the probable duration thereof, and where applicable, the medical facts within the practitioner's knowledge.

2. for any period of disability for which the employee receives or is entitled to receive benefits under:
 - a. any unemployment compensation or similar law;
 - b. the Federal Government; or
 - c. any Worker's Compensation Law, occupational disease law or similar law of any State or the Federal Government. But this exclusion will not apply when such benefits are paid or payable for a previously incurred permanent disability.

SECTION IV - BENEFITS (continued)

3. for any period of disability during which there is a work stoppage which:
 - a. is due to a labor dispute; and
 - b. would disqualify the employee for benefits under the Unemployment Compensation Law.

But this item 3. will not apply if the period of disability began prior to the work stoppage.

In no way will this policy restrict or deny benefits that would have been payable to the employee if he were insured under the State Plan.

- D. Temporary disability benefits will terminate on the earliest of the following dates:
 1. the date the employee is no longer disabled;
 2. the date the employee returns to work in any gainful occupation; or
 3. the expiration of the maximum number of weeks for which benefits are payable.

SECTION V - TERMINATION PROVISIONS

A. TERMINATION OF EMPLOYEE'S INSURANCE

An employee will cease to be insured on the earliest of the following dates:

1. the date this policy is terminated;
2. the date the employee is no longer in an eligible class;
3. the date the employee's class is no longer included for insurance;
4. the end of the period for which the last required employee contribution for the employee's insurance has been paid;
5. the date the employee becomes employed with another employer following termination of his employment with this employer; or
6. two weeks after the date the employee's employment terminates other than for disability.

But if an employee is on an authorized leave of absence with pay, employment will be deemed to continue while the employee remains eligible for benefits as defined by the Law.

The Policyholder must not discriminate unfairly among employees in similar situations.

B. TERMINATION OF POLICY

1. Termination of this policy under any condition will not prejudice any payable claim which occurs while this policy is in force.
2. This policy will terminate, according to the provisions of the Law:
 - a. when approval of this policy has been withdrawn; or
 - b. upon written request by the Policyholder at least 30 days before any premium due date.
3. If the Policyholder fails to pay any premium within the grace period, the Insurance Company may terminate this policy by giving written notice 30 days in advance of the termination to:
 - a. the appropriate state authorities; and
 - b. the Policyholder.

Such termination will occur at 12:00 midnight of the last day of the grace period. But this policy will not terminate during any period for which premium has been paid. The Policyholder will be liable to the Insurance Company for all premiums due and unpaid for the full period for which this policy is in force.

This policy will terminate at the earliest date established by applying any of the above provisions. The Policyholder will notify the employee's of such terminations.

SECTION VI - GENERAL POLICY PROVISIONS

A. STATEMENTS

All statements made in any application are considered representations and not warranties (absolute guarantees). No statements by:

1. the Policyholder in applying for this policy will make it void unless the statements are contained in the signed application; or
2. any employee in applying for insurance under this policy will be used to reduce or deny a claim unless they are contained in a written instrument signed by the employee.

B. COMPLETE CONTRACT - POLICY CHANGES

1. This policy is the complete contract. It consists of:
 - a. all of the pages; and
 - b. the attached application of the Policyholder.
2. This policy may be changed in whole or in part. Only an officer or a registrar of the Insurance Company can approve a change. The approval must be in writing and endorsed on or attached to this policy.
3. Any other person, including an agent, may not change this policy or waive any part of it.

C. EMPLOYEE'S CERTIFICATE

The Insurance Company will provide a certificate to the Policyholder for delivery to each insured employee. If the terms of a certificate and this policy differ, this policy will govern.

D. FURNISHING OF INFORMATION - ACCESS TO RECORDS

1. The Policyholder will furnish at regular intervals to the Insurance Company:
 - a. information relative to persons:
 - i. who qualify to become insured;
 - ii. whose amounts of insurance change; and/or
 - iii. whose insurance terminates.
 - b. any other information about this policy that may be required.

The employer's and/or policyholder's records which, in the opinion of the Insurance Company, have a bearing on the insurance will be opened for inspection by the Insurance Company at any reasonable time.

SECTION VI - GENERAL POLICY PROVISIONS (continued)

2. Clerical error or omission will not:
 - a. deprive an employee of insurance;
 - b. affect an employee's amount of insurance; or
 - c. effect or continue an employee's insurance which otherwise would not be in force.

E. MISSTATEMENT OF FACTS

If relevant facts about any employee were not accurate:

1. a fair adjustment of premium will be made; and
2. the true facts will decide if and in what amount insurance is valid under this policy.

F. STATUTORY ASSESSMENTS

The Insurance Company will pay all assessments levied against the employer according to the Law.

Such assessments will be paid only to the extent that they are based on wages paid by the employer:

1. to insured employees; and
2. while this policy is in force.

G. NOTICE AND PROOF OF CLAIM

1. Notice

- a. Written notice of claim must be given to the Insurance Company within 30 days after the date of loss on which claim is based. If that is not possible, the Insurance Company must be notified as soon as it is reasonably possible to do so.
- b. When the Insurance Company has written notice of the employee's claim, the Insurance Company will send the employee its claim forms unless the employer has already provided them. If the employee does not receive the claim forms within 15 days after the employee's notice is sent, the employee can send the Insurance Company written proof of claim without waiting for the forms.

2. Proof

- a. Proof of the employee's claim for which this policy provides weekly payment because of disability must be given to the Insurance Company. This must be done within 90 days following the end of the first weekly period for which the Insurance Company is liable.

Continuing proof of disability and regular attendance of a qualified healthcare provider must be given to the Insurance Company within 30 days after the requested date for that proof.

SECTION VI - GENERAL POLICY PROVISIONS (continued)

- b. If it is not possible to give proof within this time limit, it must be given as soon as reasonably possible.
- c. The proof must cover:
 - i. what the loss is;
 - ii. the date of loss; and
 - iii. the cause of loss.
- d. The Insurance Company may require as part of proof authorizations to obtain medical and nonmedical information.

H. EXAMINATION

The Insurance Company, at its own expense, will have the right and opportunity to have an employee, whose claim is pending, examined by a qualified healthcare provider of its choice. This right may be used as often as reasonably required, but not more often than once a week.

I. LEGAL PROCEEDINGS

A claimant or the claimant's authorized representative cannot start any legal action:

- 1. until 60 days after proof of claim has been given; nor
- 2. more than 3 years after the time proof of claim is required.

This provision does not affect in any way the employee's right of appeal under the Law.

J. TIME OF PAYMENT OF CLAIMS

Accrued temporary disability benefits will be paid each week during any period for which the Insurance Company is liable. Any benefit unpaid at the termination of any period will be paid as soon as the Insurance Company receives proof of claim acceptable to it.

K. PAYMENT OF CLAIMS

Benefits Payable

All benefits are payable to the employee. But if a benefit is payable to an employee's estate, an employee who is a minor, or an employee who is not competent, the Insurance Company has the right to pay up to \$2,000 to any of the employee's relatives whom the Insurance Company considers entitled to it. If the Insurance Company pays benefits in good faith to a relative, the Insurance Company will not have to pay those benefits again.

SECTION VI - GENERAL POLICY PROVISIONS (continued)

L. OVERPAYMENT OF CLAIMS

The Insurance Company has the right to recover any overpayment due to:

1. Fraud;
2. Any error the Insurance Company makes in processing a claim;
3. Disability earnings; or
4. Other disability income benefits.

The employee must reimburse the Insurance Company in full. The Insurance Company will determine the method by which the repayment is to be made in which may be include reducing future payments.

The Insurance Company will not recover more money than the amount we paid to you.

M. WORKERS' OR WORKMEN'S COMPENSATION

This policy is not in the place of, and does not affect, any requirement for coverage by workers' or workmen's compensation insurance.

N. AGENCY

For all purposes of this policy, the Policyholder acts on its own behalf or as agent of the employee. Under no circumstances will the Policyholder be deemed the agent of the Insurance Company without a written authorization.

O. RETALIATION AGAINST EMPLOYEES FOR REQUEST OR USE OF DISABILITY BENEFITS IS PROHIBITED.

An employer shall not discharge, harass, threaten, or otherwise discriminate or retaliate against an employee with respect to the compensation, terms, conditions, or privileges of employment on the basis that the employee requested or took any temporary disability benefits.

Upon a violation, an employee or former employee may institute a civil action in the Superior Court for relief.

SECTION VII - PREMIUMS

A. PREMIUM RATES

The initial premium is determined on the basis of the rates shown in the Schedule of Initial Monthly Premium Rates.

The Insurance Company may establish new rates for the computation of all future premiums as well as the one then due:

- a. when the terms of this policy are changed;
- b. when a division, a subsidiary or an affiliated company is added to this policy; or
- c. for reasons other than a. and b. above, such as, but not limited to an amendment of the Law which increases the Insurance Company's liability. But the rates may not be changed within the first 12 months following the policy effective date.

No premium may be increased unless the Insurance Company notifies the Policyholder at least 31 days in advance of the increase. Premium increases may take effect on an earlier date when both the Insurance Company and the Policyholder agree.

B. PAYMENT OF PREMIUMS

1. All premiums due under this policy, including adjustments, if any, are payable by the Policyholder on or before their respective due dates at the Insurance Company's home office. The due dates are specified on the first page of this policy.
2. Premiums payable to the Insurance Company will be paid in United States dollars.
3. The premium charge for insurance terminated during a policy month will cease at the end of the policy month in which such insurance terminates.
4. Premiums are payable on a quarterly basis. Premiums for additional, increased, reduced or terminated insurance will cause a pro rata adjustment on the next premium due date.
5. Premium adjustments, refunds, or charges will be made for only:
 - a. the current policy year; and
 - b. the prior policy year.

C. SCHEDULE OF INITIAL MONTHLY PREMIUM RATES

\$.37 per \$10.00 of covered indemnity

OUR COMMITMENT TO PRIVACY

We understand your privacy is important. We value our relationship with you and are committed to protecting the confidentiality of nonpublic personal information (NPI). This notice explains why we collect NPI, what we do with NPI and how we protect your privacy.

COLLECTING INFORMATION

We collect NPI about our customers to provide them with insurance products and services. This may include telephone number, address, date of birth, occupation, income and health history. We may receive NPI from your applications and forms, medical providers, other insurers, employers, insurance support organizations and service providers.

SHARING INFORMATION

We share the types of NPI described above primarily with people who perform insurance, business and professional services for us, such as helping us pay claims and detect fraud. We may share NPI with medical providers for insurance and treatment purposes. We may share NPI with an insurance support organization. The organization may retain the NPI and disclose it to others for whom it performs services. In certain cases, we may share NPI with group policyholders for reporting and auditing purposes. We may share NPI with parties to a proposed or final sale of insurance business or for study purposes. We may also share NPI when otherwise required or permitted by law, such as sharing with governmental or other legal authorities. When legally necessary, we ask your permission before sharing NPI about you. Our practices apply to our former, current and future customers.

Please be assured we do not share your health NPI to market any product or service. We also do not share any NPI to market non-financial products and services. For example, we do not sell your name to catalog companies.

The law allows us to share NPI as described above (except health information) with affiliates to market financial products and services. The law does not allow you to restrict these disclosures. We may also share with companies that help us market our insurance products and services, such as vendors that provide mailing services to us. We may share with other financial institutions to jointly market financial products and services. When required by law, we ask your permission before we share NPI for marketing purposes.

When other companies help us conduct business, we expect them to follow applicable privacy laws. We do not authorize them to use or share NPI except when necessary to conduct the work they are performing for us or to meet regulatory or other governmental requirements.

Unum companies, including insurers and insurance service providers, may share NPI about you with each other. The NPI might not be directly related to our transaction or experience with you. It may include financial or other personal information such as employment history. Consistent with the Fair Credit Reporting Act, we ask your permission before sharing NPI that is not directly related to our transaction or experience with you.

COVERAGE DECISIONS

If we decide not to issue coverage to you, we will provide you with the specific reason(s) for our decision. We will also tell you how to access and correct certain NPI.

ACCESS TO INFORMATION

You may request access to certain NPI we collect to provide you with insurance products and services. You must make your request in writing and send it to the address below. The letter should include your full name, address, telephone number and policy number if we have issued a policy. If you request, we will send copies of the NPI to you. If the NPI includes health information, we may provide the health information to you through a health care provider you designate. We will also send you information related to disclosures. We may charge a reasonable fee to cover our copying costs.

This section applies to NPI we collect to provide you with coverage. It does not apply to NPI we collect in anticipation of a claim or civil or criminal proceeding.

CORRECTION OF INFORMATION

If you believe the NPI we have about you is incorrect, please write us. Your letter should include your full name, address, telephone number and policy number if we have issued a policy. Your letter should also explain why you believe the NPI is inaccurate. If we agree with you, we will correct the NPI and notify you of the correction. We will also notify any person who may have received the incorrect NPI from us in the past two years if you ask us to contact that person.

If we disagree with you, we will tell you we are not going to make the correction. We will give you the reason(s) for our refusal. We will also tell you that you may submit a statement to us. Your statement should include the NPI you believe is correct. It should also include the reason(s) why you disagree with our decision not to correct the NPI in our files. We will file your statement with the disputed NPI. We will include your statement any time we disclose the disputed NPI. We will also give the statement to any person designated by you if we may have disclosed the disputed NPI to that person in the past two years.

SAFEGUARDING INFORMATION

We have physical, electronic and procedural safeguards that protect the confidentiality and security of NPI. We give access only to employees who need to know the NPI to provide insurance products or services to you.

CONTACTING US

For additional information about Unum's commitment to privacy and to view a copy of our HIPAA Privacy Notice, please visit unum.com/privacy or coloniallife.com. You may also write to: Privacy Officer, Unum, 2211 Congress Street, C467, Portland, Maine 04122.

We reserve the right to modify this notice. We will provide you with a new notice if we make material changes to our privacy practices.

Unum is providing this notice to you on behalf of the following insuring companies: Unum Life Insurance Company of America, Unum Insurance Company, First Unum Life Insurance Company, Provident Life and Accident Insurance Company, Provident Life and Casualty Insurance Company, Colonial Life and Accident Insurance Company and The Paul Revere Life Insurance Company.

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