

This section to be completed by your employer:

Coverage Effective Date: __ / __ / __ __ __

Short Term Disability Rates <i>Per \$10 of Weekly Benefit</i>		Long Term Disability Rates <i>Per \$100 of Covered Salary</i>	
Age	Rate	Age	Rate
< 25 Years	0.58	< 25 Years	0.33
25 - 29	0.60	25 - 29	0.36
30 - 34	0.62	30 - 34	0.40
35 - 39	0.70	35 - 39	0.51
40 - 44	0.90	40 - 44	0.66
45 - 49	1.07	45 - 49	0.88
50 - 54	1.23	50 - 54	1.27
55 - 59	1.68	55 - 59	1.51
60 - 64	2.14	60 - 64	1.65
65 - 69	2.45	65 - 69	1.85
70 +	2.45	70 +	2.61

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