

Exhibit 4

Improved Procedures for Evaluating Multiple Conditions or Co-Morbid Conditions

1. Guiding Principles (see also UnumProvident Clinical, Vocational, and Medical Services Statement Regarding Professional Conduct)

Benefit Center professionals will evaluate all data available regarding a claim
Both objective and subjective
Both supporting impairment and supporting capacity

Benefit Center professionals will consider and afford appropriate weight to all diagnoses and impairments, and their combined effect on the whole person, when evaluating medical data in a claim file.

Where multiple conditions or co-morbid conditions are present, each medical professional and all other Benefit Center professionals evaluating the claim share responsibility to ensure that all diagnoses and impairments are considered and afforded appropriate weight.

When multiple medical professionals review a file, each medical professional and all other Benefit Center professionals share responsibility for coordinating their opinions and ensuring that each understands how the various opinions fit together in a coherent view of the claimant's medical condition, capacity, and restrictions/limitations.

2. Changes in procedures

Several techniques will be used to ensure that claimants with multiple conditions are fully and fairly evaluated regarding the totality of their limitations. These alternatives include

- Designated clinical consultant in each impairment unit to receive and manage consultation requests from other units
- Access to multi-disciplinary meetings to consider totality of impairments
- Referral to generalist or primary care physician (internist, occupational physician, or family practitioner) to consider effects of all conditions on overall function and limitations

Each of these techniques is currently in use at two or more locations, and all locations use at least two of these techniques.

A Medical Analysis Checklist (see format below) has been developed as a tool for Benefit Center professionals. The checklist should be used when multiple on-site physicians have reviewed a file, and is available as a tool for organizing a whole person analysis of impairments for any claimant.

3. Training

Clinical, Vocational, and Medical Directors at each claim processing location will identify areas for company-sponsored continuing nursing and physician education.

Medical Analysis Checklist

The checklist may be useful at several points during a claim, including liability determination, change of definition, and contemplated claim closure. It provides a "snapshot" at a particular point in time of all recent treaters, diagnoses/syndromes/problem areas identified, restrictions and limitations arising from each, and our contractual assessment of those restrictions and limitations.

For illustrative purposes only, an example is offered below on how the form might be used.

Claimant: Jeff Styles **Soc Sec #:** 345 - 67 - 8912 **Date:** 8 / 11
/ 2004

Physicians Consulted In Last Year		Diagnoses or Syndromes	Restriction Identified	Limitation Identified	Assessment
Physician	Date Last Seen				
Thos. Moore, MD	7/9/04	1. Cardiomyopathy		Sedentary work only	Mr. Styles' insured occ as foreman required frequent walking; at change of def we have identified gainful sedentary positions in his region
			Must be able to elevate feet above chest 10" every hour		Voc reports this is an accommodation permitted by most employers, and confirmed by those offering gainful positions
			No lifting over 10#		Available in gainful positions
		2. Atrial fibrillation	No work near microwaves or large electrical power sources	No lifting over 20#	Available in gainful positions

			due to implanted defibrillator		
Roger Grise, PhD	6/7/04	3. Depression		Impairments in interpersonal relations; concentration; deep pessimism	Dr. Grise reports depressive symptoms have remitted; GAF now 72; limitations considered resolved per OSP assessment of 7/29/04; Dr. G agrees per letter of 8/4/04
James Fisher, MD	4/12/04	4. Fatigue	No prolonged standing or walking (>30"); requires variable schedule and up to 1 hr of rest per 4 hrs worked		Re-conditioning via PT improved endurance as of 7/29/04 per Dr. Liu
Frederick Liu, MD	5/7/04	5. Diabetes mellitus	Regular meals; no overtime; needs regular schedule		Gainful occupations permit regular hours
		6. Epilepsy			Never asserted as cause of disability; has been well controlled since 1993 by medication
		7. Chronic pain (fibromyalgia)		Cannot work more than 2 hrs daily	Through cog-behav program delivered through Dr. Grise, Mr. Styles has improved his conditioning and attitude and now reports he is ready for a gradual RTW. Dr. Liu concurs and will manage rehab program