

**Complete your personal information**

First name (please print)  M. initial  Last name

Social Security Number  Gender (M/F)  Date of birth (mm-dd-yyyy)  Original hire date (mm-dd-yyyy)

Annual salary \$  Hours worked per week  Occupation

Did you recently become eligible for benefits? (Y/N)  Have you been rehired by your company? (Y/N)  If so, please provide a date (mm-dd-yyyy)

**Long Term Disability Insurance** 292427

Choose your coverage		
<p><u>    </u> <b>Option 1:</b></p> <p><b>50% monthly benefit</b></p> <p>EP: 180/180 days BD: to age 65</p>	<p><u>    </u> <b>Option 2:</b></p> <p><b>40% monthly benefit</b></p> <p>EP: 180/180 days BD: to age 65</p>	<p><u>    </u> <b>Option 3:</b></p> <p><b>25% monthly benefit</b></p> <p>EP: 180/180 days BD: to age 65</p>

If you were previously eligible and didn't purchase coverage, please complete Evidence of Insurability. Ask your plan administrator for details.

To calculate your cost per paycheck, refer to the disability worksheet under "Calculate your costs".

Your actual billed amount may vary slightly.

292427

**Long Term Disability Insurance — SIGN AND CERTIFY**

YES — I want Long Term Disability Coverage	NO — I do not want Long Term Disability Coverage
<p><input type="checkbox"/> YES, I have read and understand the exclusions, limitations, delayed effective date, benefit reduction and offset features of my coverage as described in the enrollment materials. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.</p> <p>_____ Signature</p> <p>____/____/____ Date</p>	<p><input type="checkbox"/> I DO NOT want <b>Long Term Disability Insurance</b>.</p> <p>I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.</p> <p>_____ Signature</p> <p>____/____/____ Date</p>

Return forms to: plan administrator

**Delayed effective date of coverage**

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

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