



Annual Salary

GROUP INSURANCE ENROLLMENT FORM
Unum Life Insurance Company of America
2211 Congress Street, Portland, ME 04122

Please print legibly and complete this form in its entirety. Blank fields will cause significant delays in processing.

Policyholder Name, Policy No., Division No.

Employee Social Security Number, Gender, Date of Birth, Hours Worked Per Week

Employee First Name, M.I., Last Name

Employee Street Address, City, State, Zip Code

Original Date of Hire, Occupation

Exempt/Non-Exempt options, Spouse First Name, Spouse Date of Birth

COVERAGE ELECTIONS: Your employer will inform you of available coverage. Check yes to enroll; check no if you decline or coverage is not available.

Life/AD&D, Dependent Life, LTD, STD options

AMOUNT OF COVERAGE SELECTED FOR:

LIFE/AD&D You, Spouse, Child amounts

Note: If you have chosen coverage over the Guarantee Issue amount for you or your spouse, you will also need to complete an Evidence of Insurability form.

Beneficiary Information:

Table with 3 columns: Name, Relation to You, Benefit %

Request for Signature and Certification: I understand that my coverage may be subject to exclusions, limitations, delayed effective dates and benefit offsets...

Employee Signature, Date, Work Phone, Home Phone

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