

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 (mm/dd/yyyy) Hours Worked Per Week
Employee First Name M.I.	Last Name
Employee Street Address City	State Zip Code
Original Date of Hire Annual Salary	Occupation
☐ Exempt ☐ Non-Exempt ☐ Date entered into an eligible class <i>(ex: part time to full time)</i> or	
Rehire Date or	inne) or
☐ Date of promotion to an eligible class Spouse First	Name (if coverage is selected) Spouse Date of Birth (mm/dd/yy
COVERAGE ELECTIONS: Your employer will inform you of a	available coverage. Check yes to enroll; check no if you decline or
coverage is not available.	
Life/AD&D ☐ Yes ☐ No Dependent Life ☐ Yes ☐ No LTD ☐ Yes ☐ No STD ☐ Yes ☐ No	
AMOUNT OF COVERAGE SELECTED FOR:	
	e: \$, Child: \$,
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. The amount of coverage over your Guarantee Issue amount will be subject to medical underwriting and will become effective on the first of the month coincident with or next following the date Unum approves your Evidence of Insurability form. If you DO NOT APPLY FOR coverage for you or your dependent (s) during your or their initial enrollment period, you will need to complete an Evidence of Insurability form for all amounts of coverage. You may complete and electronically submit an Evidence of Insurability form—please see your Plan Administrator. Beneficiary Information:	
Name (last name, first, middle initial):	Relation to You: Benefit %:
ramo (last namo, mot, madio imadi).	Troiding to Toda
If the beneficiary(ies) named above are not living, then p	pay:
tive dates and benefit offsets, as described in the enrollment r my employer. I certify that all statements are true to the best of will be made available to me at my request. I authorize my em	my coverage may be subject to exclusions, limitations, delayed effer materials or employee booklet(s) that have been provided to me by of my knowledge and belief and I understand that a copy of this form apployer to make the necessary deductions from my salary or wages understand that my payroll deduction amount will change if my covered.
Frankrige Circulture	Mayle Dhana
Employee Signature Unum is a registered trademark and marketing brand of Unum Group and its	Work Phone Home Phone insuring subsidiaries