

Calculate Your Premium:

Please refer to rate sheet in your kit to determine the rate for the plan chosen.

$$\begin{array}{ccccc} \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & \div & \$1,000 = & \underline{\hspace{2cm}} \\ \text{Rate for plan chosen} & & \text{Monthly benefit amount} & & & \text{Your premium} \end{array}$$

Disclosures:

Note: We may have the right to deny benefits or rescind insurance if any of the information provided on this enrollment form is incorrect.

REQUEST FOR SIGNATURE: Please read this entire form carefully before signing below.

I certify that all statements are true to the best of my knowledge and belief. I have read and understand that loss of Activities of Daily Living (ADL) or Severe Cognitive Impairment must occur after my effective date of coverage under this Long Term Care plan in order to be covered, and that certain limitations and exclusions apply to my coverage.

Final cost of coverage will be based on your Insurance Age. If you enroll for coverage on or before the group policy effective date, Insurance Age is your age on the group policy effective date. If you enroll for coverage after the group policy effective date, Insurance Age is your age on the date you sign this enrollment form.

I acknowledge that I have received the **Potential Rate Increase Disclosure Form** and **Personal Worksheet**.

All eligible Family Members : Please select payment method: ☐ Monthly Automatic Payments (deducted from your checking account – complete Authorization/Agreement for Automatic Payments), **OR**

Billed directly (paper) by the insurance company: ☐ Quarterly ☐ Semi-Annually ☐ Annually

Your premium: \$ _____ (transfer from calculation above)

Applicant's Signature

____/____/_____
Date

Employee's Signature

____/____/_____
Date

**Please sign and mail all required signature forms to Unum (address at top of page).
Retain a copy for your records. (J5)**

If you have questions about Long Term Care coverage, please call Unum's toll-free number: **1-800-227-4165**.