Unum Life Insurance Company of America 2211 Congress Street Portland, Maine 04122 207-575-2211

ACKNOWLEDGEMENT OF DISCLOSURE OF RATING PRACTICES

Long Term Care insurance regulations require that we provide certain information about policies that may be subject to rate increases in the future. This information can be found in the Potential Rate Increase Disclosure Form and Personal Worksheet that were given to you.

Long Term Care insurance regulations also require that we obtain a signed acknowledgement that you have received this information.

| I have received the Potential Rate Ir Worksheet. | ncrease Disclosure Form and Personal |
|--|---|
| Signed: | Date: |
| (Applicant) | |
| | |
| (Please Print Name) | (Social Security Number) |
| | |
| (Name of Employer) Complete if applying through Employer of | (Group Policy Number, if available) fer |
| Please sign and return this form to: | Unum Life Insurance Company of America Long Term Care Group Customer Services 2211 Congress Street Portland, Maine 04122 |

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