



Underwritten by:
Unum Life Insurance Company of America
LTC Department
2211 Congress Street,
Portland, Maine 04122

THE NAVIGATORS
Family Members Benefit Election Form
Long Term Care - Policy #907343

Your Name: (Last Name, First, Middle Initial)		Social Security Number ____ - ____ - ____		Date of Birth (MM/DD/YYYY) ____ / ____ / ____	
Street Address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Hire (MM/DD/YYYY) ____ / ____ / ____	
City, State, Zip Code		Home Telephone # (____) ____ - ____		Work Telephone # (____) ____ - ____	
Employee Name	Employee Social Security No. ____ - ____ - ____	Employee Date of Birth ____ / ____ / ____	Employee Date of Hire ____ / ____ / ____		
Email Address:					

Is this a change to existing coverage? ☐ Yes ☐ No

If yes, new elections made below will replace existing coverage upon underwriting approval, if applicable.

Applicant is: (please circle)	The Minimum age for a sibling or child is 18.
Parent or Grandparent; Sibling; Child	

Plans – Check one

<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4
<ul style="list-style-type: none">• Long Term Care Facility• 100% Professional Home and Community Care	<ul style="list-style-type: none">• Long Term Care Facility• 50% Total Choice Home Care	<ul style="list-style-type: none">• Long Term Care Facility• 100% Professional Home and Community Care• Compound Inflation	<ul style="list-style-type: none">• Long Term Care Facility• 50% Total Choice Home Care• Compound Inflation

Facility Monthly Benefit Amount – Check one

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$9,000
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Facility Benefit Duration – Check one. **Note: Duration of benefits may vary depending on where benefits are received.**

<input type="checkbox"/> 3 Years	<input type="checkbox"/> 6 Years	<input type="checkbox"/> Lifetime
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- **All applicants** must complete this Benefit Election Form and the Long Term Care Insurance Application (medical questionnaire) for any selection.
- A signed Authorization to Request Medical Information (form #6720-03 in the kit) must accompany all medical questionnaires.

Form is continued on reverse side.

Calculate Your Premium:

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

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

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.

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

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

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

_____ <i>Applicant's Signature</i>	____/____/_____ <i>Date</i>	_____ <i>Employee's Signature</i>	____/____/_____ <i>Date</i>
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Please sign and mail all required signature forms to Unum (address at top of page).

Retain a copy for your records. (JO)

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