



LONG TERM CARE BENEFIT ELECTION FORM
Especially for Employees/Members Only

UNUM Life Insurance Company of America
LTC Department, 2211 Congress Street, Portland, Maine 04122, 1-800-227-4165
If you have questions, please call Specialists in Long Term Care at 1-800-764-6585

United Teachers Los Angeles -- Policy #561070

Employee/Member's Name:
Address:
City: State: Zip:
Social Security Number: Date of Birth:
Date of Hire: Employee #: Email:
Telephone: (H) (W) Sex: ( ) Male ( ) Female

Plan Options ( Check One)

Table with 3 columns: Basic Plan, Preferred Plan, Enhanced Plan. Rows include plan details like '3 year plan (Lifetime Max \$144,000)', 'Monthly Benefit Amount', and 'With Compound Inflation'.

Important Note: Active Employees/Members who select a plan do NOT need to complete the Long Term Care Application (medical questionnaire) if enrolling during the Guarantee Issue enrollment period.

Your Premium: \$ (Transfer the premium amount from the rate sheet.)

Your Insurance Age is your age as of the effective date of coverage.

Billing:

Your premium will be paid through payroll deduction from your paycheck. You must sign below to authorize your employer to make the payroll deduction.

Caution: if your answers on this Enrollment Form are incorrect or untrue, we may have the right to deny benefits or rescind your insurance.

By signing below, you signify that you have read and understand that Activities of Daily Living (ADL) loss or severe cognitive impairment must occur after your effective date of coverage in order to be covered by this Long Term Care plan, and that certain limitations and exclusions apply to your coverage.

Employee/Member's Signature

Date

Please sign and send this original to:
Specialists in Long Term Care Insurance Services, Inc.
P.O. Box 6630
Auburn, CA 95604-9904
If there are any questions, please call: 1-800-764-6585
Retain a copy for your records. (K5)