

IMPORTANT INSTRUCTIONS: Prior to submitting this form, all persons requesting coverage must review the important disclosures and information found on www.unuminfo.com/cupertinoelectric or in a paper enrollment kit. You can request a paper enrollment kit by calling 1-800-227-4165. **DO NOT** submit this form if you have not reviewed those materials.



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

CUPERTINO ELECTRIC, INC.
FAMILY Benefit Election Form
Long Term Care – Policy: 220661

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

Applicant Is: (This Benefit Election Form must be completed for any selection)

<input type="checkbox"/> Employee's Spouse/ Registered Domestic Partner	<input type="checkbox"/> Spouse's/ Registered Domestic Partner's Parent or Grandparent	<input type="checkbox"/> Employee's Parent or Grandparent
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You may choose any of the plans listed below. The Long Term Care Application (medical questionnaire), the Benefit Election form and a signed Authorization to Request Medical Information Form #6720-03-CA located in the enrollment kit, must be completed and you must be approved for coverage in order to enroll in the Long Term Care plan.

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"> Nursing Facility & 70% Residential Care Facility 	<ul style="list-style-type: none"> Nursing Facility & 70% Residential Care Facility Simple Inflation 	<ul style="list-style-type: none"> Nursing Facility & 70% Residential Care Facility Home, Community-Based & Immediate Family Member Care 	<ul style="list-style-type: none"> Nursing Facility & 70% Residential Care Facility Home, Community-Based & Immediate Family Member Care Simple 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"/> \$1,500	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$3,500	<input type="checkbox"/> \$4,500	<input type="checkbox"/> \$5,500	

Facility Benefit Duration (Duration of benefits may vary depending on where benefits are received.)

(Check one)

<input type="checkbox"/> 3 Years	<input type="checkbox"/> 5 Years	<input type="checkbox"/> Unlimited Duration
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Form is continued on reverse side.

