

IMPORTANT INSTRUCTIONS: Prior to submitting this form, all persons requesting coverage must review the important disclosures and information found on www.unuminfo.com/horizonhouse 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

HORIZON HOUSE
Benefit Election Form
Long Term Care - Policy #574184-002

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 # ()
Applicant's Email Address:			
Complete the following only if applicant is not the Board Member:			
Board Member's Name	Board Member Social Security No. ____ - ____ - ____	Board Member Date of Birth ____ / ____ / ____	
Applicant Is: (This Benefit Election Form must be completed for any selection)			
<input type="checkbox"/> Board Member	<input type="checkbox"/> Spouse	<input type="checkbox"/> Parent or Grandparent	<input type="checkbox"/> Sibling (minimum age 18)
<input type="checkbox"/> Child (minimum age 18)			

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.

Plans						
(Check one)	<input type="checkbox"/> Plan 1			<input type="checkbox"/> Plan 2		
	<ul style="list-style-type: none"> • Long Term Care Facility • 100% Professional Home Care 			<ul style="list-style-type: none"> • Long Term Care Facility • 100% Professional 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
Facility Benefit Duration (Duration of benefits may vary depending on where benefits are received.)						
(Check one)	<input type="checkbox"/> 3 Years		<input type="checkbox"/> 6 Years		<input type="checkbox"/> Unlimited Duration	

Form is continued on reverse side.

