



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

## LONG TERM CARE SURVIVING SPOUSE/RDP\* BENEFIT ELECTION FORM

**Los Angeles Police Relief Association, Inc.**  
**Policy Number: 096797-003**

**IMPORTANT: You must complete this form and a Long Term Care Insurance Application for any long-term care coverage you select.**

Your Name: (Last Name, First Name, 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		

Member's Name	Member's Social Security Number ____ - ____ - _____	Member's Date of Birth __ / __ / _____
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Choose a Plan (Check One)		
<input type="checkbox"/> <b>Plan 1</b> 100% Facility, Home and Community-Based Care, No Inflation Protection	<input type="checkbox"/> <b>Plan 2</b> 100% Facility, Home and Community-Based Care, 5% Simple Inflation	<input type="checkbox"/> <b>Plan 3</b> 100% Facility, Home and Community-Based Care, 5% Compound Inflation

Choose a Benefit Duration (Check One)		
<input type="checkbox"/> 2 Years	<input type="checkbox"/> 5 Years	<input type="checkbox"/> Lifetime

Choose a Facility Monthly Benefit Amount (Check One)							
<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	<input type="checkbox"/> \$6,500	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$8,500

**Full Medical Underwriting is required for this coverage:** The surviving spouse/RDP\* must complete a Long Term Care Insurance Application and a signed Authorization to Request Medical Information Form #6720-03-CA included as part of the Application.

*(continued on reverse side)*

\* Registered Domestic Partner



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## Calculate Your Premium

To calculate your premium, please refer to the rate sheet in your kit and use the calculation below.

$$\frac{\text{Rate per \$1,000 for Plan Chosen}}{\text{Rate per \$1,000 for Plan Chosen}} \times \frac{\text{Monthly Benefit Amount}}{\text{Monthly Benefit Amount}} / \$1,000 = \frac{\text{Monthly Premium}}{\text{Monthly Premium}}$$

You can also use the online premium calculator on the Unum long-term care insurance website for LAPRA members at <http://w3.unum.com/enroll/LAPRA>.

## Payment Method

**Surviving Spouse/RDP\*:** Please select a payment method for long-term care insurance premiums:

- Monthly Automatic Payment (deducted from your checking account – complete Authorization/Agreement for Automatic Payments)
- Billed Directly (Paper Bill) by the Insurance Company:  Quarterly  Semi-Annually  Annually

Your Premium: \$\_\_\_\_\_ (transfer monthly premium from calculation above)

## Request for Signature (Please read this entire form carefully before signing below.)

**Note to Surviving Spouse/RDP\*:** Your premium is based on your insurance age. Insurance age is your age on the plan effective date. If you enroll your for coverage on or after the plan effective date, insurance age is your age on the date this election form is signed. Please verify your name, Social Security number and date of birth before signing. **Please Note: Your signature is required. Retain a copy for your records.**

**Caution:** If your answers on this Benefit Election Form are incorrect or untrue, we may have the right to deny benefits or rescind your insurance.

\_\_\_\_\_  
**Surviving Spouse or Registered Domestic Partner Signature**

\_\_\_\_\_  
**Date**

**If you have any questions about long term care coverage, please call Unum at 1-800-227-4165. Please sign and return all forms that require a signature to Unum at the address listed on the Long Term Care Insurance Application. Keep a copy of the forms for your records.**

\* Registered Domestic Partner