



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

**LONG TERM CARE
 ELIGIBLE FAMILY MEMBER OF SURVIVING SPOUSE/RDP***

BENEFIT ELECTION FORM

**Los Angeles Police Relief Association, Inc.
 Policy Number: 096797-004**

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 # ()
Email Address		

Relationship to Surviving Spouse: Parent or Grandparent Sibling Child | The minimum age for a sibling or child is 18.

Information About the Surviving Spouse		
Surviving Spouse's Name	Social Security Number ____ - ____ - _____	Date of Birth __ / __ / ____

Choose a Plan (Check One)		
<input type="checkbox"/> Plan 1 100% Facility, Home and Community-Based Care, No Inflation Protection	<input type="checkbox"/> Plan 2 100% Facility, Home and Community-Based Care, 5% Simple Inflation	<input type="checkbox"/> Plan 3 100% 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 eligible family member 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 the Premium for LTC Coverage

To calculate the premium for your coverage:

1. Use the Rate Sheet included in your enrollment packet to find the rate per \$1,000 of coverage based on your age and the plan and benefit duration you select.
2. Fill in the numbers 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

Note to Surviving Spouse/RDP*: Your signature below authorizes LAPRA to deduct premiums from your pension check for spouse/RDP* coverage.

Eligible Family Members (Except 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.)

Your premium is based on your insurance age. Insurance age is you age on the plan effective date. If you enroll 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.

MA Residents Only: You also signify that you have received and read the MassHealth eligibility notice entitled "For Massachusetts Residents Only" – Form #7650-04.

Surviving Spouse Signature (only required for spouse/RDP coverage) _____
Date

Applicant 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 for your records.

* Registered Domestic Partner