IMPORTANT INSTRUCTIONS: Prior to submitting this form, all persons requesting coverage must review the important disclosures and information found on <a href="https://www.unuminfo.com/pleasantonLTC">www.unuminfo.com/pleasantonLTC</a> 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.

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

## PLEASANTON UNIFIED SCHOOL DISTRICT EMPLOYEE Benefit Election Form Long Term Care - Policy #220354

Your Name: (Last Name, First, Middle Initial)					Social Security Number				Date of Birth (MM/DD/YYYY)				
Street Address					Gender   Male  Female				Date of Hire (MMVDD/YYYY)				
City, State, Zip Code									Wor	Work Telephone #			
Applicant	s Email Addre	ss:									·		
EMPLOYI	EES LOCATIO	N: (C	heck one)										
☐ Div. 01 Pleasanton Unified School District					☐ Div. 02 Tri Valley ROP								
Funded	Plan (Empl	loyeı	r Paid) (Th	is Benefit E	lection Fo	orm m	ust be c	ompleted fo	r any s	electi	ion)		
Level of Care: Nursing Facility & 60% Residential Ca					dential Car	are Facility and 50% Home & Community-Based Care							
Monthly Benefit: \$1,000 Nursing Facility & 60% Residen					itial Ca	re Facili	ty / 50% Hon	ne & Co	ommu	nity-Based (	Care		
Benefit Du								lity/ 50% Hor				Care	
Your e	mployer is fun	nding	<u>Plan 1</u> . You	may purcha	se additio	nal co	verage.	Please make	your s	electi	ons below:		
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(Check one) □ Plan 1 (Funded Plan)		□ Plan 2			□ Plar			☐ Plan 4*					
	Nursing Faci Residential Ca				Facility & 6								
Residential Care Facility			Sinty	Home a	Residential Care Fac  • Home and Commun			nple Inflation		Home and Community Based			
				Based Ca	are					Care			
										Simple Inflation			
	Facility Ma	nthl	ly Benefit	<b>Amount</b>									
		<i>7</i> 11(11)											
(Check one)	□ \$1,000 (Funded Plan		□ \$1,500*	□ \$2,000*	□ \$2,500	*   -	\$3,000*	□ \$3,500*	□ \$4,0	000*	□ \$4,500*	□ \$5,000*	
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