



**University System of Maryland
Term Life and Long Term Disability
Enrollment Form
Life: 115327
LTD: 510162**



If you are enrolling in employee coverage for the first time, please complete the enrollment form and return to Unum. Your effective date of coverage will be determined by the date your completed enrollment form is received at Unum. Employees currently enrolled can login to the Website to view or change coverage: <http://unuminfo.com/USM/>. First time users will find instructions to establish a password.

*Please print or type all information in BLACK INK.

Employee Name: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Mailing Address: _____ _____ Email Address: _____ Salary: _____ Contractor Direct Bill <input type="checkbox"/> Contract Dates: Start _____ End _____	Social Security#: _____ Birth date: _____ Hire date: _____ Rehire date: _____ Date of Transfer: _____ Transfer Location: From _____ To _____
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Campus Location (check one):		
<input type="checkbox"/> BSU (360223 R/26) <input type="checkbox"/> CSU (360227 R/26) <input type="checkbox"/> FSU (360226 R/26) <input type="checkbox"/> SU (360229 R/26) <input type="checkbox"/> UB (360228 R/26) <input type="checkbox"/> UMB (360221 U/26)	<input type="checkbox"/> UMBC (360231 U/26) <input type="checkbox"/> UMCES (360234 U/26) <input type="checkbox"/> UMES (360225 U/26) <input type="checkbox"/> USMO (360236 U/26) <input type="checkbox"/> UMGC MD location (360230 U/26)	<input type="checkbox"/> TU (360224 R) Pay Frequency: <input type="checkbox"/> 21 or <input type="checkbox"/> 26 <input type="checkbox"/> UMCP (360222 U) Pay Frequency: <input type="checkbox"/> 22 or <input type="checkbox"/> 26

**Term Life Insurance
Spouse and Child Coverage**

The following dependents are eligible for coverage under the plan:

- Your lawful spouse, including a legally separated spouse. You may not cover your spouse as a dependent if your spouse is enrolled for coverage as an employee.
- Your children from live birth through the end of the year in which they attain age 26. Stillborn children are not eligible for coverage.
- Your unmarried dependent children age 26 or over are eligible, provided they are unable to earn a living because of a physical or mental disability and you are the main source of support and maintenance. Unum must receive proof within 31 days of the date the child attains age 26 and as required during the first two years. Please logon to <http://unuminfo.com/USM/> to print the "Request for Continuation of Group Life Insurance for Incapacitated Children" form. After the first two years Unum will ask for proof when needed but not more than once a year.
- Children include your own natural offspring, lawfully adopted children and stepchildren. They also include foster children and other children who are dependent on you for main support and living with you in a regular parent-child relationship. A child will be considered adopted on the date of placement in your home.

*Please complete elections on reverse side.

Term Life Insurance

If you choose an amount over the Guarantee Issue limit or do not apply when you are first eligible, you will need to complete an Evidence of Insurability form, which will be mailed to your home address. The amount of coverage subject to medical underwriting approval will become effective on the first of the month coincident with or next following the date Unum approves your Evidence of Insurability form.

Employee

Coverage Amount: \$ _____ \$10,000 increments (guarantee issue of \$100,000; minimum coverage \$10,000; maximum coverage the lesser of 6x's earnings or \$750,000)

Waive Employee Life

Spouse

Coverage Amount: \$ _____ \$10,000 increments (guarantee issue of \$50,000; minimum coverage \$10,000; maximum coverage is the lesser of: 100% of employee's coverage or \$150,000)

Waive Spouse Life

Spouse Name: _____ Spouse Date of Birth: _____

Child

Coverage Amount: \$5,000 \$10,000 Waive Child Life

Long Term Disability Insurance (LTD)

Elimination Period: 90 days 365 days Waive LTD

Note: If you do not apply when you are first eligible, you will need to complete an Evidence of Insurability (EOI) form and coverage will be effective on the date Unum approves your EOI form.

Employee: Insurance will be delayed for employees not in active employment until the first of the month, coincident with or next following, the date they return to work.

Spouse: Coverage for a totally disabled spouse will be delayed until the first of the month, coincident with or next following, the date your eligible spouse is no longer disabled. "Totally disabled" means that, as a result of injury, a sickness or a disorder, your spouse is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; or has a life threatening condition.

For any Employee Life, Spouse/Child Life and Employee LTD insurance elected above, I authorize premium deductions from my earnings, and understand these premiums can be changed in accordance with the plan. I verify that the information provided on this sheet is accurate. I understand that the plan does not cover any losses where death is caused by, contributed by, or results from suicide occurring within 24 months after my or my dependent's original effective date and/or after the date any additional insurance becomes effective for me or my dependents.

Employee Signature: _____ Date: _____

If you have any questions, please call the Unum Client Service Center toll-free at 1-866-762-8705.

Fax Completed Form to Unum at 207-771-4022 or Mail to:

Unum
Client Service Center
PO Box 9783
Portland, ME 04104-5083

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