

## GROUP INSURANCE ENROLLMENT FORM

**Unum Life Insurance Company of America** 2211 Congress Street, Portland, ME 04122

Please print legibly and complete this form in its entirety. Blank fields will cause significant delays in processing.

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<b>COVERAGE ELECTIONS:</b> Your employer will inform you of available coverage. Check yes to enroll; check no if you decline or coverage is not available.																																						
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**Beneficiary Information:** 

Name (last name, first, middle initial):	Relation to You:	Benefit %:
If the beneficiary(ies) named above are not living, then pay:		

complete and electronically submit an Evidence of Insurability form-please see your Plan Administrator.

**Request for Signature and Certification:** I understand that my coverage may be subject to exclusions, limitations, delayed effective dates and benefit offsets, as described in the enrollment materials or employee booklet(s) that have been provided to me by my employer. I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

Work Phone

Home Phone

AE-1107 RETAIN A COPY OF THIS FORM FOR YOUR RECORDS AND SEND A COPY TO YOUR EMPLOYER