



**APPLICATION FOR GROUP INSURANCE**  
**Unum Life Insurance Company of America**  
 2211 Congress Street • Portland, Maine 04122

Name of Applicant \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street)

\_\_\_\_\_  
 (City) (State) (Zip)

applies to the Unum Life Insurance Company of America, for:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Group Life Benefits                                  | <input type="checkbox"/> Group Cancer Benefits                         | <input type="checkbox"/> Group Long Term Care Benefits                               |
| <input type="checkbox"/> Group Accidental Death<br>and Dismemberment Benefits | <input type="checkbox"/> Group Short Term Disability Benefits          | <input type="checkbox"/> Tax Qualified* <input type="checkbox"/> Non-Tax Qualified** |
| <input type="checkbox"/> Group Critical Illness Benefits                      | <input type="checkbox"/> Group Worksite Short Term Disability Benefits | <input type="checkbox"/> Nursing Home Insurance                                      |
| <input type="checkbox"/> Group Hospital Confinement<br>Indemnity Benefits     | <input type="checkbox"/> Group Long Term Disability Benefits           | <input type="checkbox"/> Comprehensive Insurance                                     |
|   |  | <input type="checkbox"/> Group Accident Benefits                                     |

Is there any group life insurance plan in force or being applied for on some or all employees?  Yes  No  
 If yes, complete the following or list the prior carriers:

Employee Class	Maximum Amounts	Name of Carrier	Effective Dates (mm/dd/yyyy)	Termination Dates (mm/dd/yyyy)

If the Insurance Company approves this application, a policy will be issued. The applicant agrees that acceptance of the policy will be an approval of the policy terms. The policy specifications will be made a part of the policy along with a copy of this form.

By signing this Group Master Application, you acknowledge that you have received a copy of Unum's Disclosure Notice.

Signed at \_\_\_\_\_  
 (City and State) (Applicant)

on \_\_\_\_\_  
 (mm/dd/yyyy) By: \_\_\_\_\_  
 (Signature and Title)

Broker Name: \_\_\_\_\_  
 (Please Print) Broker Signature: \_\_\_\_\_

SS# / Tax ID# (last 4 digits): \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_  
 (mm/dd/yyyy)

\*The contract for Long-Term Care Insurance is intended to be a federally qualified Long-Term Care Insurance contract and may qualify for Federal and State tax benefits.

\*\*The contract for Long-Term Care Insurance is not intended to be a federally qualified Long-Term Care Insurance contract.

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.