



**TERM LIFE INSURANCE ELECTION
OF PORTABILITY COVERAGE**
Unum Life Insurance Company of America (Unum)
Portability Unit
2211 Congress Street, Portland, ME 04122
1-800-421-0344

IMPORTANT FACTS ABOUT THE PORTABILITY PLAN:

- **Portable coverage is not available if you or your dependents have an injury or sickness which has a material effect on life expectancy.**
- Portable coverage is provided in the form of term life insurance, which does not gain cash value.
- Life premium rates are based on age and increase automatically every 5 years. Example: age 50, 55, 60, etc.
- Coverage may reduce according to the former group insurance policy.
- You may increase coverage for you and your dependents. (Subject to the provision of the current policy and approved evidence of insurability)
- The maximum coverage is \$750,000 for all **Unum Group Life and Accidental Death and Dismemberment combined.**
- You may reduce coverage for you and your dependents at any time.
- Accidental Death and Dismemberment coverage cannot exceed Life coverage.
- Service offers such as survivor support, financial counseling or employee assistance programs do not extend to portable coverage.

EMPLOYER COMPLETES SECTION 1:

- If eligible, notify the employee of portability options when coverage ends.
- Complete Section 1 of the election form and provide to the participant. Incomplete election forms may result in a denial of the application.
- Separate election forms are required if portability is offered under more than one insurance policy.
- Provide the portability rates along with this form.

EMPLOYEE COMPLETES SECTION 2:

- Complete Section 2. Sign and date the election form before remitting to Unum. Incomplete election forms may result in a denial of the application.
- If you are unsure whether you have a condition that has material effect on your Life Expectancy, please disclose any conditions and any current medication that you are taking. Unum will review this information and if necessary request an Evidence of Insurability Form to determine eligibility.
- If you are not eligible to apply for portable coverage or your portable coverage's end, you and/or your dependents may qualify for conversion coverage.
- Portable coverage is available in amounts up to your current coverage amounts without evidence of insurability.
- If you wish to elect coverage in an amount other than your current coverage amount, provide the requested amounts. Coverage is subject to the minimum and maximum provided in the insurance policy.
- Your current beneficiary designation does not apply to portable coverage. If you do not include beneficiary information on the election form, benefit payments will be made to your estate. If you wish to add additional beneficiaries you may attach this additional information to the election form.
- An initial premium payment must be submitted with your election form within 31 days from the date your coverage ends.
- Submit your election form and the initial premium payment to:
Unum Life Insurance Company of America (Unum)
Portability Unit
2211 Congress Street, Portland, ME 04122

Before you submit your election form, did you remember to:

- Include the initial premium payment?
- Designate a beneficiary?
- Sign and date the election form with today's date?



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EMPLOYER COMPLETES SECTION 1:

Company Name:		Group Policy and Division Number:
Employee Name (Last, First, MI):		Reason for Loss of Coverage: <input type="checkbox"/> Terminated Employment <input type="checkbox"/> Retired <input type="checkbox"/> Reduced Hours (must be working) <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Other, Explain _____
Date Coverage Ends (mm/dd/yyyy):	Insured on disability or sick leave when terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, date premium paid to: _____	
Current Annual Earnings: \$ _____		
Employee	Spouse	Child
Current Life Coverage \$ _____ Current AD&D Coverage \$ _____	Current Life Coverage \$ _____ Current AD&D Coverage \$ _____	Current Life Coverage \$ _____ Current AD&D Coverage \$ _____
Plan Administrator Signature:	Plan Administrator Telephone #:	Plan Administrator Email:

EMPLOYEE COMPLETES SECTION 2:

Insured Mailing Address (Street, PO Box, City, State, Zip):		Home Telephone: _____ Alternate Telephone: _____
Insured Social Security Number:	Insured Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Spouse Name:	Spouse Date of Birth (mm/dd/yyyy):	Spouse Social Security Number:
Have you used tobacco products in the past twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your spouse used tobacco products in the past twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employee	Spouse	Child
Complete only if changing the current amounts listed above.		
Life Coverage Requested \$ _____	Life Coverage Requested \$ _____	Life Coverage Requested \$ _____
AD&D Coverage Requested \$ _____	AD&D Coverage Requested \$ _____	AD&D Coverage Requested \$ _____
Select a premium payment option: <input type="checkbox"/> Quarterly (Every three months) <input type="checkbox"/> Semi-Annually (Every six months) <input type="checkbox"/> Annually (One time per year) Make your check or money order payable to Unum. Please be aware that your initial payment may be deposited electronically.		
Name of Beneficiary:		Relationship to you:

I understand and agree to the following:
 Any coverage chosen on this election form will be issued in accordance with the portability provision contained in the employer's Unum group Term Life coverage and/or Accidental Death and Dismemberment insurance coverage under which this coverage is being offered and is subject to satisfaction of the conditions provided therein.
 Portable coverage will be effective the day after your group coverage ends subject to Unum receiving your completed election form and the initial premium payment within 31 days from the date your group coverage ends.
 I CERTIFY THAT NEITHER I NOR MY DEPENDENTS HAVE AN INJURY OR SICKNESS WHICH HAS A MATERIAL EFFECT ON LIFE EXPECTANCY. I UNDERSTAND THAT UNUM IS RELYING ON THIS CERTIFICATION AS A MATERIAL CONDITION TO ITS AGREEMENT TO PROVIDE PORTABLE COVERAGE.
 If Unum determines that an injury or sickness has a material effect on life expectancy, as of the date portable coverage was elected, benefits may be reduced to the amount of coverage available under the current policy's conversion privilege.

**Submit your election form and the initial premium payment within 31 days of coverage ending to:
 Unum Life Insurance Company of America (Unum) - Portability Unit, 2211 Congress Street, Portland, ME 04122**

Insured Signature:	Today's Date (mm/dd/yyyy):	Insured's Email Address
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HOW TO CALCULATE YOUR PORTABILITY PREMIUM PAYMENT

<p>Calculate Your Premium Payment</p> <p>1. Find your rate on the rate table under appropriate tobacco use, if applicable. The rate is based on your age at the time your coverage terminates or is reduced.</p> <p>Note: You will qualify for non-tobacco premium rates if you have not used any tobacco products within the last 12 months.</p> <p>Your life insurance rates will continue to increase with age, every 5 years (for example, at age 50, 55, 60 etc.).</p>	<p>Base Rate Per \$1,000 of Coverage _____</p>												
<p>2. Determine the amount of insurance you want. You may have any amount up to and including the amount you had under the group plan.</p> <p>Note: You may be eligible to increase your coverage which would require Evidence of Insurability subject to maximums outlined in your former group insurance policy.</p>	<p>Amount of Coverage _____</p>												
<p>3. a. Base Rate Per thousand dollars of coverage:</p> <p>b. Number of thousand dollars you want:</p> <p>c. Multiply a. by b.:</p> <p>d. Mode you would like to pay quarterly = 3 Semi-annual = 6 Annual = 12</p> <p>e. TOTAL c. and d. This is your premium</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Base Rate</td> <td style="width: 50%;">_____</td> </tr> <tr> <td># of \$1,000 Units</td> <td>x _____</td> </tr> <tr> <td>Base Rate X # of Units</td> <td>_____</td> </tr> <tr> <td>Mode Numeric</td> <td>x _____</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td>*TOTAL</td> <td>_____</td> </tr> </table>	Base Rate	_____	# of \$1,000 Units	x _____	Base Rate X # of Units	_____	Mode Numeric	x _____	 		*TOTAL	_____
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Base Rate X # of Units	_____												
Mode Numeric	x _____												
*TOTAL	_____												
<p>*This is the estimated amount due per payment, actual billed amount may vary slightly due to rounding</p>													
<p>Example:</p> <p>1. A 44 year old person decides to continue \$25,000 of coverage</p> <p>2. The person wishes to pay premiums annually</p> <p>3. The monthly rate for a 44 year old is \$.510 per \$1,000 of coverage</p> <p>4. Calculate premiums:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Base rate per thousand dollars of coverage:</td> <td style="text-align: right;">\$.510</td> </tr> <tr> <td>b. Number of thousand dollar units you want:</td> <td style="text-align: right;"><u>x 25</u></td> </tr> <tr> <td>c. Multiply a. by b.:</td> <td style="text-align: right;">\$12.75 (Monthly)</td> </tr> <tr> <td>d. Multiply c. by 12 for annual</td> <td style="text-align: right;"><u>x 12</u></td> </tr> <tr> <td>e. TOTAL. This is your premium.</td> <td style="text-align: right;">\$153.00 (Annually)</td> </tr> </table>		a. Base rate per thousand dollars of coverage:	\$.510	b. Number of thousand dollar units you want:	<u>x 25</u>	c. Multiply a. by b.:	\$12.75 (Monthly)	d. Multiply c. by 12 for annual	<u>x 12</u>	e. TOTAL. This is your premium.	\$153.00 (Annually)		
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Your actual coverage is subject to the terms, conditions, limitations and restrictions set forth in your certificate of coverage and the Summary of Benefits or Policy.

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