

Underwritten by: Unum Life Insurance Company of America 2211 Congress Street, Portland, ME 04122

## IIANC Member Services, Inc.

Long Term Disability Insurance Enrollment Form

## Policy #530465/Div #\_\_\_\_\_

## **USE THIS FORM IF AGENCY HAS 9 OR LESS LIVES**

Employee Social Security Number Gender Date of Birth (mm/dd/yyyy) Hours Worked Per Week
-     -         M   F       /     /
Employee First Name    M.I.    Last Name
Employee Street Address City State Zip Code
Original Date of Hire Annual Salary Occupation
Exempt INOn-Exempt
□ Date entered into an eligible class ( <i>ex: part time to full time</i> ) <i>or</i> □ Rehire Date <i>or</i>
□ Date of promotion to an eligible class
(If unknown, consult with your Plan Administrator to complete.)
60% to a maximum monthly benefit of \$6,000
To calculate the per-paycheck cost for this coverage, complete the calculations below.
Note: If your annual salary exceeds \$120,000, use \$120,000 as your annual salary in the calculation.
Annual Salary ÷ 100 = X85 = ÷ # Paychecks per Year = Cost per Paycheck*
Annual Salary Your Rate Annual Cost # Paychecks per Year Cost per Paycheck*
* Final cost may vary slightly due to rounding.
Yes, I would like to participate. I authorize my employer to deduct from my salary or wages the necessary premium for this coverage. My signature verifies the accuracy of information contained on this form.
I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness,
temporary lay-off or leave of absence on the date this insurance would otherwise become effective. I have also read and
understand the information in the Plan Highlights, including all statements regarding exclusions and benefit amounts and offsets.
No, I do not wish to participate. I understand that evidence of insurability will be required, at my own expense, if I decide to elect this coverage in the future.
Employee Signature: Date://
Return Forms To:
This section to be completed by your employer:
Coverage Effective Date:///

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