



Life Insurance Election of Portability Coverage

Unum Life Insurance Company of America (UnumProvident)
Portability Unit
2211 Congress Street, Portland, ME 04122
1-800-343-5406

You may be eligible to continue your Life and AD&D coverage. To apply, you must complete this form and send it to UnumProvident within 31 days after your group insurance coverage ends. You are not eligible to apply for portable coverage for yourself and your dependents if you have a medical condition which has a material effect on life expectancy. Also, any dependent is not eligible for portable coverage if he or she has a medical condition which has a material effect on life expectancy. If you are not eligible to apply for portable coverage or your portable coverage ends, you or your dependents may qualify for conversion coverage. Ask your employer for a conversion application form (which includes cost information).

EMPLOYER COMPLETES RED SECTIONS

Select a premium payment option below. Please obtain your portability premium rates from your plan administrator and mail your initial premium payment, along with this election form, to the address shown above. Make your check or money order payable to Unum.

Select a premium payment option: Quarterly (monthly premium x3) Semi-Annually (monthly premium x6) Annual (monthly premium x12)

Company Name		Group Policy Number / Division Number:	
Insured Name (last, first, initial)		Insured Effective Date: ___ / ___ / _____	
Insured Mailing Address (Street, PO Box, City, State, Zip)		Home Telephone #:	
		Work Telephone #:	
Current Annual Earnings			
Social Security Number	Date of Birth	Date Coverage Ended: ___ / ___ / _____	Sex
		Reason:	Male Female

Check One: Have you used tobacco in the last 12 months? yes no

Please complete the information below. You may keep the same level of coverage or decrease coverage. You may also increase coverage or add dependents (if employer's plan has dependent coverage) subject to medical evidence of insurability. Note: For specific plan maximums, plan minimums, rounding rules and reduction formulas refer to your group certificate booklet.

Please check this box if, within the last 12 months, you have submitted evidence of insurability to UnumProvident for group coverage.

	Yourself	Spouse	Child
Current Life Amount:	_____	_____	_____
I request a change to:	_____	_____	_____
Current AD&D Amount:	_____	_____	_____
I request a change to:	_____	_____	_____
Spouse Name:	_____		Spouse date of birth: ___ / ___ / _____
			Spouse Social Security No.: _____
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 UnumProvident group term life coverage and/or accidental death and dismemberment insurance coverage under which this coverage is offered and is subject to satisfaction of the conditions provided therein.
- I CERTIFY THAT NEITHER I NOR MY DEPENDENTS FOR WHOM I AM ELECTING COVERAGE HAVE A MEDICAL CONDITION WHICH HAS A MATERIAL EFFECT ON LIFE EXPECTANCY. I UNDERSTAND THAT UNUMPROVIDENT IS RELYING ON THIS CERTIFICATION AS A MATERIAL CONDITION TO ITS AGREEMENT TO PROVIDE THIS PORTABILITY COVERAGE.
- If UnumProvident determines at a later date that I was not eligible due to such a medical condition on the date portability coverage was elected for me or my dependents, any life benefits payable will be reduced to the amount of whole life coverage that my or my dependents' premium would have purchased under the whole life policy offered through the Conversion Privilege.
- If UnumProvident determines at a later date that one or more of my dependents were not eligible due to such a medical condition on the date that portability coverage was elected by them or for them, any life benefits payable under their coverage will be reduced to the amount of whole life coverage that their premium would have purchased under the whole life policy offered through the Conversion Privilege.
- Portability coverage will become effective the day after your group coverage terminates subject to UnumProvident receiving a completed election form and the first premium within 31 days from the date your group coverage terminates.

Note: If you have any questions concerning your or your dependent's eligibility for portability coverage, please contact us at 1-800-343-5406.

If no dependent or accidental death and dismemberment coverage is available under your group plan then any reference to dependent or accidental death and dismemberment coverage is not applicable.

Insured Signature	_____	Date	___ / ___ / _____	Employer Signature	_____	Date	___ / ___ / _____
1321-96		ORIGINAL	UNUM	COPY	EMPLOYEE		(11/03)