



# Small Case Offering Client Information

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

Because this information initiates UnumProvident processing that ultimately produces your rider, employee booklets, and bills, it is important that you complete this information accurately and promptly return it.

**The Company's Legal Name** (please use punctuation and any abbreviations that apply):

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

**Effective Date of Insurance:** \_\_\_\_\_

**Anniversary Date:** \_\_\_\_\_

**Employer Tax Identification Number (EIN):** \_\_\_\_\_

**ERISA Plan Name:** \_\_\_\_\_

**ERISA Plan Number:** \_\_\_\_\_

**ERISA Plan Year Ends:** \_\_\_\_\_

**ERISA Employer Phone Number:** \_\_\_\_\_

**Broker Information (If applicable)**

Broker's Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Plan Administrator**

Plan Administrator: \_\_\_\_\_ Telephone # \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

**Billing and Claims Information: (If different than Plan Administrator, please complete below.)**

Correspondent: \_\_\_\_\_ Telephone \_\_\_\_\_

Correspondent's Address \_\_\_\_\_

Billing Address: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax # \_\_\_\_\_

Claims Correspondent: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Check routing for STD benefits to:  Employee  Employer

**Type of Organization:**

Regular C-Corporation (1120)     Subchapter S Corporation (1120S)     Partnership (1065)     Limited Liability Company (1065)\*

Limited Liability Partnership (1065)\*     Sole Proprietorship (1040 Schedule C)     Other (Please Specify) \_\_\_\_\_

If the business is home based, the home must be used exclusively and regularly:

- 1) as the principle place of business for any trade or business,
- 2) as a place to meet or deal with patients, clients, or customers in the normal course of the trade or business or;
- 3) in connection with the trade or business, if using a separate structure that is not attached to the house.

Number of years the participating employer has been in business (must be at least two years): \_\_\_\_\_

\*Indicate IRS Tax form filed if not 1065 \_\_\_\_\_

**FOR STD ONLY: Statutory Coverage**

Please indicate if the company has employees who work in any of the following states\*:

- California                       New York
- Hawaii                               Rhode Island
- New Jersey                       Puerto Rico

If so, are these employees covered under this plan?  No  Yes (If Yes, see procedures for statutory plan requirements.)

\*Short Term Disability benefits are not available where statutory disability income benefits are mandated, and Evidence of Insurability is required in some states for certain Mini-Plan coverages. Please talk to your UnumProvident representative regarding individual state requirements.

**Plan Information**

Check here if NO prior group insurance for:  LTD  STD  Life AD&D

**Prior Plan Information:**

Does this plan replace other coverage?  No  Yes

If so, attach a copy of the prior plan's contract or employee booklet and complete the following:

Coverage	Effective Date	Termination Date	Prior Carrier Name
Short Term Disability			
Long Term Disability			
Life (and/or Life AD&D)			

**Eligible Owner/Employee Information:**

Total number of employees (including active owners, officers and partners) in the firm: \_\_\_\_\_

Note: 100% participation of all permanent, full-time employees working at least 30 hours is required.

**Ineligible Owner/Employee Information:**

Number of ineligible employees because they are: \_\_\_\_\_  Canadian  
 \_\_\_\_\_  Part-time (less than 30 hours per week)  
 \_\_\_\_\_  Seasonal  
 \_\_\_\_\_  1099 EES

**Waiting Period for new hires:**  30 Days  60 Days  90 Days

Are more than 50% of the eligible employees members of the same immediate family?  Yes  No  
If yes, the group is ineligible unless there are family members who have been employed by the firm for at least two years, who need not be included in the 50%.

**Tax Choice Plan Options:**

Complete this section only if your company's (the employer's) disability plan provides for the choice between having premiums paid on a fully pre-tax or fully post-tax basis at the election of the employee or the employer.

Check one of the following premium funding arrangements which describes the tax choice plan design that your company (the employer) has selected.

- The Employer pays 100% of the premium and includes this contribution in the Employee's taxable income (i.e. mandatory "gross up").
- The Employer pays 100% of the premium and each Employee is offered the choice of whether to have premium included in the Employee's taxable income (i.e. elective "gross up").



**Internet Services:** For online billing and administration, please confirm the following:

- Internet access available
- Customer is using an IBM compatible PC (Apple computers are not compatible with UnumProvident's Internet Services)
- Customer is using the Windows Operating System (e.g., 95, 98, NT, ME, 2000, XP)
- Customer is using Internet Explorer browser version 5.5 or higher or Netscape browser version 6.0 or higher.

Site Administrator's Full Name \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

E-mail Address (becomes website User Name): \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_

**Booklet Distribution:** (Check One)

- E-mail E-mail Address \_\_\_\_\_
- Diskette (exception only)

Note: Employee booklets are provided to you via e-mail or on diskette. This enables you to distribute the booklets to your employees via e-mail or from your company's intranet site, so long as you can comply with the Department of Labor's electronic delivery requirements. If none of the above distribution options meet your needs, please contact your UnumProvident representative.

**ACKNOWLEDGMENT:**

Unum Life Insurance Company of America (UnumProvident) wants to ensure you and your employees do not incur additional insurance costs as a result of the undermining effects of insurance fraud. UnumProvident promises to focus on all means necessary to support fraud detection, investigation, and prosecution. It is a crime if you knowingly, and with intent to injure, defraud or deceive UnumProvident, or provide any information, including filing a claim that contains any false, incomplete or misleading information. These actions, as well as submission of materially false information, will result in a denial of your claim, and are subject to prosecution and punishment to the full extent under state and/or federal law. UnumProvident will pursue all appropriate legal remedies in the event of insurance fraud.

The above statements are true and complete to the best of my knowledge and belief.

Your Name \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

Note: UnumProvident reserves the right to reject any case that in its opinion does not conform to the underwriting criteria.