Term Life Insurance Enrollment Form
— Complete this form to enroll.

Unum Insurance Company
2211 Congress Street Portland, Maine 04122

THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

Please complete both sides of this form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.

City of Missoula

Step 1: Complete your personal information

First name (please print) | M. initial | Last name | 602981

Social Security Number | Gender | Date of birth (mm-dd-yyyy)

Street address | Apartment #

City | State | ZIP code

Original hire date | Annual salary | Occupation | Hours worked per week

Spouse first name (please print) | M. initial | Last name

Date of birth (mm/dd/yyyy)

Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse cannot exceed 100%

Term Life Insurance

* If you've chosen life coverage over the amount of $150,000 for you, or $25,000 for your spouse, please complete Evidence of Insurability. Ask your plan administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
☐ $10,000	☐ $5,000	☐ $2,000
☐ $20,000	☐ $10,000	☐ $4,000
☐ $50,000	☐ $15,000	☐ $6,000
☐ $70,000	☐ $20,000	☐ $8,000
☐ $100,000	☐ $25,000 *	☐ $10,000
☐ $150,000 *		

Want a different amount? ☐ $_____ ☐ $_____

Continued on back >

Step 3: Name your beneficiaries

Your primary beneficiary is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die.

The total percent of benefit must not exceed 100%.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit

Your secondary beneficiary would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

First name (please print)	M. initial	Last name	Relationship (parent, child, friend, etc.)	% of benefit

Step 4: Sign and certify

☐ I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change, or if I've made an error completing this form.

_____ ___ / ___ / _____

Signature Date

☐ **No**, I do not want coverage under the **Term Life Insurance.**

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

_____ ___ / ___ / _____

Signature Date

Return forms to: plan administrator

Email: _____

Note: Your email will only be used if you requested a level of coverage above the guaranteed issue amount. You will receive a link to answer health questions online.

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Delayed Effective Date: if your spouse or child has a serious injury, sickness, or disorder, or is confined, their coverage may not take effect. Payment of premium does not guarantee coverage. Please refer to your policy contract or see your plan administrator for an explanation of the delayed effective date provision that applies to your plan. Exception: Infants are insured from live birth.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine