

Group Accident Insurance Instructions for Evidence of Insurability Application

Application Type: Check off the applicable application type based on the following definitions:

- **Newly Eligible:** application for insurance on a newly eligible or newly hired employee. Usually an employee applying for this coverage for the first time.
- **Late Applicant:** application for insurance on a previously eligible employee. If you are working for employer in an eligible group and 31 days after the date you were eligible for coverage has passed.
- **Replace Existing Unum Coverage:** Change from existing to later or updated version of this product. Evidence of insurability may be required. A new policy / certificate will be issued to replace the existing policy.
- **Change to Existing Coverage:** If you currently have insurance coverage with Unum and would like to make any changes to your coverage. Including, but not inclusive, to addition or deletion of benefits.
- **Rehire:** If your employment with this group ends and you are rehired.

SECTION 1: Employee Information

Fully complete this section making sure you have answered any and all questions completely and accurately. Information pertaining to your employer name and address (Group number and Eligibility Class, if known) as well as your personal information must be provided.

SECTION 2: Spouse Information

If applying for dependent coverage, fully complete this section making sure you have answered any and all questions completely and accurately.

SECTION 3: Coverage Information

Based on your Plan Highlights (Highlight sheet), choose the amount of coverage you desire (Employee).

Select only one family coverage option for Group Accident.

If you require assistance to complete this section, please contact your Plan Administrator.

SECTION 4: Employee (Applicant) Statements

You are required to complete this section. This application cannot be processed if you fail to sign and date the application.

NOTE:

If there are unanswered questions or missing information on the application, it may delay consideration of your application for insurance.

**APPLICATION FOR
GROUP ACCIDENT INSURANCE**
Evidence of Insurability

Unum Life Insurance Company of America (“Unum”)
2211 Congress Street • Portland, Maine 04122

Application Type: Newly Eligible Late Applicant Replace Existing Unum Coverage
 Change to Existing Coverage Rehire

SECTION 1: Employee (Applicant) Information – Always Complete		
Employee Name (First, Middle, Last)		Social Security Number
Home Address (Street/PO Box)		Gender <input type="checkbox"/> F <input type="checkbox"/> M
City		Date of Birth (mm/dd/yyyy)
State	Zip Code	Home Phone #
Email Address		Employee ID/Payroll #
Employer Name	Customer Number	Date of Hire (mm/dd/yyyy)
St/PO Box		Occupation
City		
State	Zip Code	Work Phone #
Are you Actively at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Scheduled Number of Work Hours/week
Primary beneficiary		Relationship
Contingent beneficiary		Relationship

SECTION 2: Spouse Information – Complete Only if applying for Spouse Coverage		
Name (First, Middle, Last)		Social Security Number
Gender <input type="checkbox"/> F <input type="checkbox"/> M	Does the Spouse live in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If “No,” is your Spouse a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (mm/dd/yyyy)
Primary beneficiary		Relationship
Contingent beneficiary		Relationship

SECTION 3 Coverage Information	
Group Accident <input type="checkbox"/> Employee (only) <input type="checkbox"/> Employee, Spouse <input type="checkbox"/> Employee, Dependent Child(ren) <input type="checkbox"/> Employee, Spouse and Dependent Child(ren)	Cost per pay period \$ _____

Employee Name: _____
(Applicant)

Employee SSN: _____
(Applicant)

SECTION 4: Employee (Applicant) Statements

I understand the effective date of coverage issued based on this application is subject to the application being acceptable under the rules, limits and standards of Unum Life Insurance Company of America (hereafter Unum) and the insurance is, or would have been, issued as applied for (or if not issued as applied for, then as modified). The effective date of approved coverage will be determined as set forth in the certificate of coverage provided to me. If I pay part or all of the cost of my coverage, the effective date will not be earlier than the first of the month in which payroll deductions begin.

I authorize my employer to deduct the premiums for this insurance from my earnings (unless the coverage for which I am applying allows for alternate methods to pay insurance premiums).

All statements and answers provided on this application are true and complete, and are given to obtain insurance.

CAUTION: Unum will rely on the information provided in order to evaluate this application. If the answers provided are incorrect or untrue, Unum may deny benefits or rescind insurance. It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Employee (Applicant) Signature

Date (mm/dd/yyyy)

INSTRUCTIONS

Complete the information below only if you or any person proposed for coverage on the preceding application is currently eligible for Medicare. To be eligible for Medicare, you must be either: (1) age 65 or older; or (2) disabled.

Medicare Certification Form

This is to certify that I have received the "Guide to Health Insurance for People with Medicare" and the "Important Notice to Persons on Medicare".

Employee (Applicant) Signature

Date (mm/dd/yyyy)

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries. The insurance product is underwritten by Unum Life Insurance Company of America.