



Underwritten by:  
 Unum Life Insurance Company of America  
 LTC Department  
 2211 Congress Street,  
 Portland, Maine 04122

**SHURTAPE TECHNOLOGIES, LLC**  
**Benefit Election Form (NC)**  
**Long Term Care - Policy #096363-002**

Your Name: (Last Name, First, Middle Initial)	Social Security Number ____-____-____	Date of Birth (MM/DD/YYYY) ____/____/____
Street Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Hire (MM/DD/YYYY) ____/____/____
City, State, Zip Code	Home Telephone # (____) _____	Work Telephone # (____) _____
Email Address:		

**Complete the following only if applicant is not the employee**

Employee Name	Employee Social Security No. ____-____-____	Employee Date of Birth ____/____/____	Employee Date of Hire ____/____/____
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**Is this a change to existing coverage?**    **Yes**       **No**

**If yes, new elections made below will replace existing coverage upon underwriting approval, if applicable.**

<b>Applicant is: (please circle)</b>	The Minimum age for a sibling or child is 18.
Employee;    Spouse;    Parent or Grandparent;    Sibling;    Child	

**Plans – Check one**

<input type="checkbox"/> <b>Plan 1</b>	<input type="checkbox"/> <b>Plan 2</b>	<input type="checkbox"/> <b>Plan 3</b>
<ul style="list-style-type: none"> <li>• Long Term Care Facility</li> <li>• 100% Professional Home and Community Care</li> </ul>	<ul style="list-style-type: none"> <li>• Long Term Care Facility</li> <li>• 100% Professional Home and Community Care</li> <li>• 5% Simple Inflation</li> </ul>	<ul style="list-style-type: none"> <li>• Long Term Care Facility</li> <li>• 100% Professional Home and Community Care</li> <li>• 5% Compound Inflation</li> </ul>

**Facility Monthly Benefit Amount – Check one**

<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000
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**Facility Benefit Duration – Check one.**    **Note: Duration of benefits may vary depending on where benefits are received.**

<input type="checkbox"/> 3 Years	<input type="checkbox"/> 6 Years	<input type="checkbox"/> <b>Lifetime *</b>
<ul style="list-style-type: none"> <li>➤ <b>*These options exceed the Guarantee Issue limits</b> and their selection will require completion of the Long Term Care Insurance Application (medical questionnaire).</li> <li>➤ <b>All active employees and newly hired employees</b> who enroll after the Guarantee Issue enrollment period must complete the Long Term Care Insurance Application (medical questionnaire).</li> <li>➤ <b>All other applicants</b> must complete this Benefit Election Form and the Long Term Care Insurance Application (medical questionnaire) for any selection.</li> <li>➤ A signed Authorization to Request Medical Information (form #6720-03 in the kit) must accompany all medical questionnaires.</li> </ul>		

**Form is continued on reverse side.**

