



APPLICATION FOR GROUP INSURANCE
Unum Life Insurance Company of America
 2211 Congress Street • Portland, Maine 04122

Name of Applicant _____

Address: _____
 (Street)

 (City) (State) (Zip)

applies to the Unum Life Insurance Company of America, for:

- Group Life Benefits
- Group Accidental Death and Dismemberment Benefits
- Group Critical Illness Benefits
- Group Cancer Benefits
- Group Short Term Disability Benefits
- Group Worksite Short Term Disability Benefits
- Group Long Term Disability Benefits
- Group Long Term Care Benefits
- Group Accident Benefits

Is there any group life insurance plan in force or being applied for on some or all employees? Yes No
 If yes, complete the following or list the prior carriers:

Employee Class	Maximum Amounts	Name of Carrier	Effective Dates (mm/dd/yyyy)	Termination Dates (mm/dd/yyyy)

If the Insurance Company approves this application, a policy will be issued. The applicant agrees that acceptance of the policy will be an approval of the policy terms. The policy specifications will be made a part of the policy along with a copy of this form.

Signed at _____
 (City and State) (Applicant)

on _____ By: _____
 (mm/dd/yyyy) (Signature and Title)

Broker Name: _____ Broker Signature: _____
 (Please Print)

SS# / Tax ID# (last 4 digits): _____ Policy Effective Date: _____
 (mm/dd/yyyy)

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.