

IMPORTANT INSTRUCTIONS: Prior to submitting this form, all persons requesting coverage must review the important disclosures and information found on www.unuminfo.com/ArentFox or in a paper enrollment kit. You can request a paper enrollment kit by calling 1-800-227-4165. **DO NOT** submit this form if you have not reviewed those materials.



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

ARENT FOX LLP
ATTORNEY Benefit Election Form
Long Term Care – Policy: 515778

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 # (____) ____ - ____
Applicant's Email Address:		

Funded Plan (Employer Paid)

Level of Care:	Long Term Care Facility and 50% Professional Home Care and Community Care Services
Monthly Benefit:	\$2,000 Long Term Care Facility/50% Professional Home Care and Community Care Services
Benefit Duration:	3 Years Long Term Care Facility/50% Professional Home Care and Community Care Services

Your employer is funding Plan 1. You may purchase additional coverage. Please make your selections below:

Plans (check one)			
<input type="checkbox"/> Plan 1 (Funded Plan)	<input type="checkbox"/> Plan 2 *	<input type="checkbox"/> Plan 3 *	<input type="checkbox"/> Plan 4 *
<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home Care & Community Care Services 	<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home Care & Community Care Services • Total Home Health Care 	<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home Care & Community Care Services • Simple Inflation 	<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home Care & Community Care Services • Total Home Health Care • Simple Inflation

(Check one)	Facility Monthly Benefit Amount				
	<input type="checkbox"/> \$2,000 (Funded Plan)	<input type="checkbox"/> \$3,000 *	<input type="checkbox"/> \$4,000 *	<input type="checkbox"/> \$5,000 *	<input type="checkbox"/> \$6,000 *
	Facility Benefit Duration is 3 Years				
(Duration of benefits may vary depending on where benefits are received.)					

*** EMPLOYEES:** Selection of this option exceeds the Guarantee Issue limits and requires completion of the Long Term Care Insurance Application (medical questionnaire) and a signed Authorization to Request Medical Information Form #6720-03 located in the enrollment kit. **Note to Employees:** All Active Employees & Newly Hired Employees – who enroll after the Guarantee Issue enrollment period or choose benefits over the Guarantee Issue limits will be required to fill out a medical questionnaire and a signed Form #6720-03.

Transfer your premium amount from the calculation on the rate sheet:	=	_____ (A) Your Premium
Rate for Funded Plan 1 (3 year duration)	X	_____ (B) Employer Paid Amount
		2 (based on funded amount)
	=	_____
	A MINUS B	=
		EMPLOYEE'S COST

Form is Continued on Reverse Side.

Your premium for the buy-up options will be paid through payroll deduction from your paycheck. You must sign below to authorize your employer to make the payroll deduction.

Caution: if your answers on this Enrollment Form are incorrect or untrue, we may have the right to deny benefits or rescind your insurance.

By signing below, you signify that you have read and understand that loss of Activities of Daily Living (ADL) or Severe Cognitive Impairment must occur after your effective date of coverage under this Long Term Care plan in order to be covered, and that certain limitations and exclusions apply to your coverage. All information is contained in your kit.

Employee's Signature

____/____/_____
Date

**Please sign and mail all required signature forms to Unum (address at top of page).
Retain a copy for your records. (J4)**

If you have questions about Long Term Care coverage, please call Unum's toll-free number: 1-800-227-4165.