



LONG TERM CARE

Underwritten by:
Unum Life Insurance Company of America
LTC Department - A238
2211 Congress Street, Portland, Maine 04122

NAGLE HARTRAY DANKER KAGAN
MCKAY PENNEY ARCHITECTS LTD.

EMPLOYEE Benefit Election Form
Long Term Care Policy #220185

Form with fields: Your Name, Social Security Number, Date of Birth, Street Address, Gender, Date of Hire, City, State, Zip Code, Home Telephone #, Work Telephone #

Funded Plan (Employer Paid) (This Benefit Election Form must be completed for any selection)

Form with fields: Level of Care, Monthly Benefit, Benefit Duration

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

Plans section with checkboxes for Plan 1 and Plan 2, listing Long Term Care Facility, Simple Inflation, and Professional Home Care.

Facility Monthly Benefit Amount section with checkboxes for \$1,000, \$2,000, \$3,000, \$4,000, and \$5,000.

Facility Benefit Duration is Unlimited

* EMPLOYEES: Selection of this option exceeds the Guarantee Issue limits and requires completion of the Long Term Care Insurance Application... 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 signed Form #6720-03..

Calculate your Premium: section with a calculation table for Employee's Rate, Facility Monthly Benefit Amount, and Employer Paid Amount, resulting in EMPLOYEE'S COST.

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. This information is contained in your kit.

Employee's Signature and Date fields

Please sign and mail all required signature forms to UnumProvident (address at top of page). Retain a copy for your records. (J5)

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