



Unum Life Insurance Company of America
Portland, Maine 04122

Election for Continuation of Coverage - A Long Term Care

Mail to: Unum LTC Customer Services
2211 Congress Street
Portland, Maine 04122-1760

Continuation Number:

To be completed by the Employer

Company Data: *Company Name* *Plan Number*

Street *City* *State/Zip*

Company Address:

Employee Name: *Last Name* *First Name* *Middle Initial*

Employee Data: *Date of Birth* *Social Security Number* Male Female

Person terminating group coverage: *Name(s)* Employee Family Member

Reason person is terminating group coverage: Termination of Employment Death of Spouse Divorce Other _____

Date group coverage terminates: *Month* *Day* *Year*

Current monthly premium payment: *Employee* *Family Member*
\$ _____ /month \$ _____ /month

Signature of Employer: Date:

To be completed by the Employee

If you are an insured employee, you may be eligible for continuation of your Long Term Care Insurance after your group coverage terminates. If you wish to elect continuation of coverage, complete this section and send this form to Unum within 31 days after your group coverage terminates. You must include your first premium payment, which is based on the payment option you select below. **You will be responsible for the entire cost of your coverage.**

Street *City* *State/Zip*

Mailing Address:

Quarterly *Semi-Annually* *Annually*

Payment Options: (3x monthly rate) (6x monthly rate) (12x monthly rate)

Signature of Employee: Date:

To be completed by the Employee's Family Member

If you are the insured family member or former family member of the above employee, you may be eligible for continuation of your Long Term Care Insurance after your group coverage terminates. If you wish to elect continuation of coverage, please complete this section and send this form to Unum within 31 days after your group coverage terminates. You must include your first premium payment, which is based on the payment option you select below. **You will be responsible for the entire cost of your coverage.**

Last Name *First Name* *Middle Initial*

Name:

Street *City* *State/Zip*

Mailing Address:

Data: *Date of Birth* *Social Security Number* Male Female

Payment Options: *Quarterly* *Semi-Annually* *Annually*
 (3x monthly rate) (6x monthly rate) (12x monthly rate)

Signature of Employee's Family Member: Date:

Information About Continuation of Coverage

Should The Certificate of Insurance be Kept?

If continuation of coverage is elected, you will not receive a new Continuation Certificate of Insurance. The coverage you or your family member had under the group plan continues under continuation of coverage.

Can Coverage Be Changed?

You or your family member may apply at any time to increase coverage by filling out a new application, which includes evidence of insurability. Call Unum at (800) 227-4165 for assistance.

When Are Premiums Due and What Is The Grace Period?

Premium payment options include quarterly, semi-annually, or annually. Mail the first premium payment with this form. Unum will mail subsequent bills to you or your family member at the address(es) provided. A grace period of 45 days after the premium due date will be allowed for the payment of each premium.

Where Should Premium Payments Be Sent?

You or your family member must pay the premium directly to Unum for coverage to be continued. The address is:

Unum LTC Customer Services
2211 Congress Street
Portland, Maine 04122-1760

How Long Will Unum Continue To Pay For Long Term Care Benefits?

Unum will continue monthly payments for long term care benefits until the earliest of the following dates:

- The date the person is no longer disabled,
- The date the person dies, or
- The date the person's total benefit payments equal the lifetime maximum amount.

When Will This Continuation of Coverage Terminate?

A person's continuation of coverage will terminate on the earlier of:

- The end of the period for which the required premiums for the continuation of coverage were last paid to Unum, or
- The date the person dies.