



If you already have Unum coverage: Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete this form. Please contact your plan administrator for assistance.

Ravena Coeymans Selkirk Central School District

## Step 1: Complete your personal information

First name (please print)										M. initial		Last name										427778	
<input type="text"/>										<input type="text"/>		<input type="text"/>											
Social Security Number					Gender		Date of birth (mm-dd-yyyy)																
<input type="text"/>					<input type="text"/>		<input type="text"/>																
Street address															Apartment #								
<input type="text"/>															<input type="text"/>								
City										State		ZIP code											
<input type="text"/>										<input type="text"/>		<input type="text"/>											
Original hire date					Annual salary					Occupation					Hours worked per week								
<input type="text"/>					<input type="text"/>					<input type="text"/>					<input type="text"/>								
Did you recently become eligible for benefits? (Y/N)					Have you been rehired by your company? (Y/N)					If so, please provide a date (mm-dd-yyyy)													
<input type="text"/>					<input type="text"/>					<input type="text"/>					<input type="text"/>								

Spouse first name (please print)										M. initial		Last name									
Date of birth (mm/dd/yyyy)																					

Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

The amount of coverage you choose for your spouse cannot exceed the coverage amount you purchase for yourself.

## Term Life Insurance

\* If you previously purchased coverage and are now electing an amount over \$110,000 for you or \$25,000 for your spouse or if you were previously offered coverage during your initial eligibility period and declined to enroll, please complete Evidence of Insurability. Ask your Plan Administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$4,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$6,000
<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$25,000 *	<input type="checkbox"/> \$8,000
<input type="checkbox"/> \$200,000	<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$50,000	

**Want a different amount?**

☐ \$

☐ \$

### Step 3: Name your beneficiaries

Your primary beneficiary is the person (or persons) who will receive the benefit payment from your life insurance policy if you were to die. Note: The beneficiary's name, address, date of birth, social security number and telephone number must be submitted to Unum prior to certificate issuance.

The total percent of benefit must not exceed 100%.

<b>First name</b> (please print)	<b>M. initial</b>	<b>Last name</b>	<b>Relationship</b> (parent, child, friend, etc.)	<b>% of benefit</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security Number</b>	<b>Date of Birth</b> (mm-dd-yyyy)	<b>Phone</b>	<b>Street</b>	<b>City</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>State</b>	<b>Zip</b>			
<input type="text"/>	<input type="text"/>			

  

<b>First name</b> (please print)	<b>M. initial</b>	<b>Last name</b>	<b>Relationship</b> (parent, child, friend, etc.)	<b>% of benefit</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security Number</b>	<b>Date of Birth</b> (mm-dd-yyyy)	<b>Phone</b>	<b>Street</b>	<b>City</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>State</b>	<b>Zip</b>			
<input type="text"/>	<input type="text"/>			

  

<b>First name</b> (please print)	<b>M. initial</b>	<b>Last name</b>	<b>Relationship</b> (parent, child, friend, etc.)	<b>% of benefit</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security Number</b>	<b>Date of Birth</b> (mm-dd-yyyy)	<b>Phone</b>	<b>Street</b>	<b>City</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>State</b>	<b>Zip</b>			
<input type="text"/>	<input type="text"/>			

Your secondary beneficiary would receive the benefit payment from your life insurance policy if a primary beneficiary is no longer living.

<b>First name</b> (please print)	<b>M. initial</b>	<b>Last name</b>	<b>Relationship</b> (parent, child, friend, etc.)	<b>% of benefit</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security Number</b>	<b>Date of Birth</b> (mm-dd-yyyy)	<b>Phone</b>	<b>Street</b>	<b>City</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>State</b>	<b>Zip</b>			
<input type="text"/>	<input type="text"/>			

  

<b>First name</b> (please print)	<b>M. initial</b>	<b>Last name</b>	<b>Relationship</b> (parent, child, friend, etc.)	<b>% of benefit</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security Number</b>	<b>Date of Birth</b> (mm-dd-yyyy)	<b>Phone</b>	<b>Street</b>	<b>City</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>State</b>	<b>Zip</b>			
<input type="text"/>	<input type="text"/>			

  

<b>First name</b> (please print)	<b>M. initial</b>	<b>Last name</b>	<b>Relationship</b> (parent, child, friend, etc.)	<b>% of benefit</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security Number</b>	<b>Date of Birth</b> (mm-dd-yyyy)	<b>Phone</b>	<b>Street</b>	<b>City</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>State</b>	<b>Zip</b>			
<input type="text"/>	<input type="text"/>			

### Step 4: Signature

☐ I have read and understand the "Exclusions and limitations" listed on the Benefit Brochure. All statements are true to the best of my knowledge and belief. I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change, or if I've made an error completing this form.

**Caution:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. This does not apply to life insurance.

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

☐ No, I do not want coverage under the **Term Life Insurance**.

I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

\_\_\_\_\_  
Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

Return forms to: plan administrator

#### Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

For your dependent spouse and children, insurance coverage will be delayed if that dependent is totally disabled on the date that insurance would otherwise be effective. Totally disabled means that as a result of an injury, a sickness, or disorder your dependent spouse and children: are confined in a hospital or similar institution; are confined at home under the care of a physician for a sickness or injury; or your spouse has a life-threatening condition. Exception: Infants are insured from live birth.

Underwritten by: First Unum Life Insurance Company of America, New York, New York

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