

BASIC GROUP LIFE CLAIM FORM

Please Fax to (207) 575-6096 or Mail to:
UnumProvident, Group Life Customer Care Center
P.O. Box 9061, Portland Maine 04104-5046
Telephone 1-800-445-0402, Fax 207-575-6096

Please send the following documents to UnumProvident Corporation when submitting a claim:

For a Life Claim:

- A completed basic Group Life claim form
- A copy of the death certificate (a photocopy is acceptable)
- The original enrollment form and any beneficiary change form(s)
- Appropriate salary verification/documentation (see requirements below)
- When named beneficiary has predeceased the insured, a copy of the deceased beneficiary's death certificate and name of contingent beneficiary
- If the beneficiary is the Estate of the insured, a copy of the court appointment naming the Executor, Administrator or Personal Representative.

If this is an Accidental Death Claim, complete Parts 1-5 on Basic Group Life Claim Form (Notice of Death Claim) and A-2

If this is a Dismemberment Claim, complete Attachment A-1 and A-3.

For an Accelerated Benefit Claim, complete Attachments B-1 and B-2

Attention should be given to the following statements:

Claim Fraud Warning Statements

For your protection, the laws of several states, including Alaska, Arizona, Arkansas, Delaware, Idaho, Indiana, Kentucky, Louisiana, Minnesota, New Hampshire, Ohio and Oklahoma, and others require the following statement to appear:

Fraud Warning

Any person who knowingly, and with intent to injure, defraud, or deceive an insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of insurance fraud, which is a felony.

Fraud Warning for California Residents

For your protection, California law requires the following to appear:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Fraud Warning for Colorado Residents

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Fraud Warning for District of Columbia, Maine and Virginia Residents

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Fraud Warning for Florida Residents

Any person who knowingly and with intent to injure, defraud or deceive any insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

Fraud Statement for New Jersey, New Mexico and Pennsylvania Residents

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 subjects such person to criminal and civil penalties.

Fraud Statement for New York Residents

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing 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.

In order to accurately determine the Life Benefit payable, please provide the following:

Salary Verification/Documentation*

If Definition of Basic Monthly Earnings is:

Required Documentation

- | | |
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| 1 W-2 | Include Previous Year's W-2 form |
| 2 Salary and commissions | One month's payroll records
(for month preceding date last worked) plus documentation of commissions earned/paid over the last 12 months |
| 3 Salary, commissions and bonuses | One month's payroll records
(for month preceding date last worked) plus documentation of commissions earned/paid and documentation of any bonuses earned/paid over the last 12 months |
| 4 For Salary Only and flat benefit amounts, no verification/documentation is required. | |

