



APPLICATION FOR GROUP INSURANCE

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

Name of Applicant _____

Address: _____
 (Street)

_____ (City) _____ (State) _____ (Zip)

applies to the Unum Life Insurance Company of America, for:

- Group Life Benefits
- Group Short Term Disability Benefits
- Group Accidental Death and Dismemberment Benefits
- Group Long Term Disability Benefits
- Group Long Term Care Benefits

Is there any group life insurance plan in force or being applied for on some or all employees? Yes No
 If yes, complete the following or list the prior carriers:

Employee Class	Maximum Amounts	Name of Carrier	Effective Dates	Termination Dates

If the Insurance Company approves this application, a policy will be issued. The applicant agrees that acceptance of the policy will be an approval of the policy terms. The policy specifications will be made a part of the policy along with a copy of this form.

Dated at _____
 (Applicant)

on _____ By: _____
 (Signature and Title)

Producer Name: _____ (Please Print) Producer Signature: _____

SS# / Tax ID#: _____ State ID #: _____ Policy Effective Date: _____

PRODUCER INFORMATION: For commission purposes, please list the brokers/agents for this application. Use full names, including complete business names. To ensure proper payment of commissions, include each producer's tax identification number (social security number or corporate tax id) and state identification number where applicable. If more than one producer, please be sure to specify the split %. For corporate producers, please specify the signing representative's name and ID #'s.

PLEASE PRINT ALL INFORMATION CLEARLY

	Producer Name (Please print full name)	SS# / Tax ID#	State ID# (where applicable)	Split % age (Must total 100%)	Unum Producer # (If known)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____