

Name of Applicant \_\_\_\_\_

Address: \_\_\_\_\_  
 (Street)

\_\_\_\_\_  
 (City) (State) (Zip)

applies to the First Unum Life Insurance Company, for:

- |  |  |
|--|--|
| <input type="checkbox"/> Group Life Benefits                               | <input type="checkbox"/> Group Short Term Disability Benefits          |
| <input type="checkbox"/> Group Accidental Death and Dismemberment Benefits | <input type="checkbox"/> Group Worksite Short Term Disability Benefits |
| <input type="checkbox"/> Group Specified Disease Benefits                  | <input type="checkbox"/> Group Long Term Disability Benefits           |
| <input type="checkbox"/> Group Cancer Benefits                             | <input type="checkbox"/> Group Long Term Care Benefits                 |
|  | <input type="checkbox"/> Group Accident Benefits                       |

Is there group medical insurance plan in force for employees?  Yes  No

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 (mm/dd/yyyy) | Termination Dates (mm/dd/yyyy) |
|----------------|-----------------|-----------------|------------------------------|--------------------------------|
|                |                 |                 |                              |                                |
|                |                 |                 |                              |                                |

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.

Signed at \_\_\_\_\_  
 (City and State) (Applicant)

on \_\_\_\_\_ By: \_\_\_\_\_  
 (mm/dd/yyyy) (Signature and Title)

Broker Name: \_\_\_\_\_ Broker Signature: \_\_\_\_\_  
 (Please Print)

SS# / Tax ID# (last 4 digits): \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_  
 (mm/dd/yyyy)

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. Not applicable to life insurance applications in New York.

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.