



Client Information

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

Because this information initiates UnumProvident processing that ultimately produces your contract, employee booklets, and bills, it is important that you complete this information accurately and promptly return it.

The Company's Legal Name (please use punctuation and any abbreviations that apply):

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Employer Identification Number (EIN): _____

ERISA Plan Name: _____

ERISA Plan Number: _____

ERISA Plan Year Ends: _____

ERISA Employer Phone Number: _____

State/Province of Jurisdiction (where the corporate headquarters is located): _____

Are other divisions, subsidiaries, or affiliates covered under this plan? No Yes

If Yes, attach name, address, relationship and nature of business.

Decision-maker for company's employee benefits: _____

Telephone Number () _____ Fax Number () _____

E-mail Address _____

Plan Administrator/Correspondent Name (if different than above): _____

Telephone Number () _____ Fax Number () _____

E-mail Address _____

Claims Contact (if different than above): _____

Telephone Number () _____ Fax Number () _____

E-mail Address _____

Billing Contact (if different than above): _____

Telephone Number () _____ Fax Number () _____

E-mail Address _____

Self Accounting List Bill

Payroll-billed? No Yes If yes, check all the apply: Monthly Semi-monthly Weekly Bi-weekly

Billing Modes: Monthly Other _____

Does your Company utilize a Third Party Administrator? No Yes

Third Party Administrator's Name _____

Telephone Number () _____ Fax Number () _____

E-mail Address _____

Description of eligible employees: _____

Number of eligible employees _____

Are any employees excluded? No Yes

If Yes, who? _____

Minimum number of hours the employee must work to be covered: _____

Organization Type (IRS tax form filed)

- Regular C-Corporation (1120)
- Subchapter S-Corporation (1120S)
- Partnership (1065)
- Limited Liability Company (1065)*
- Limited Liability Partnership (1065)*
- Sole Proprietorship (1040, Schedule C)

Other Organization Types:

- Trust
- School or Municipality
- Association
- Union
- Government Organization
- Nonprofit Organization (990)

*indicate IRS tax form filed if not 1065 _____.

Client Info (page 2)

Nature of Business (please specify):

- Are U.S. employees in other states or countries covered?
Are foreign nationals covered under this plan?
Does the company participate in a Workers' Comp/PERA/PERS Program?

Canadian Employees:

- Does the company employ residents of Canada?
If Yes, are the employees covered under this plan?

Waiting Period:

- Present Employees: Are all current employees covered as of the effective date?
If no, do they have the same waiting period as future hires?

Future Employees:

- 1st of the month coinciding with or next following:
The day following completion of:
Payroll billed cases only - First pay period following:
No Waiting Period
Other, please specify

Credit Prior Service: If not all employees are being covered, does prior service apply?
If policyholder wants to credit time in an eligible class towards meeting the waiting period, select yes.

Contributions - Check one of the following and complete the applicable questions:

- Your company (the employer) pays 100% of the plan premiums
Your employees pay 100% of the plan premiums
Both your company (the employer) and the employees share in the funding of the plan premiums
Indicate percentage of the contribution paid by the employer:

Other. Please describe

Participation:

- Is participation mandatory?
If No, have participation requirements been met?

Tax Choice Plan Options: (Not applicable for LTC)

Complete this section only if your company's (the employer's) disability plan provides for the choice between having premiums paid on a fully pre-tax or fully post-tax basis at the election of the employee or the employer.

Check one of the following premium funding arrangements which describes the tax choice plan design that your company (the employer) has selected.

- The Employer pays 100% of the premium and includes this contribution in the Employee's taxable income
The Employer pays 100% of the premium and each Employee is offered the choice of whether to have premium included in the Employee's taxable income
The Employee pays 100% of the premium and each Employee is offered the choice of whether to have premium deducted on a pre-tax basis
The Employer has a base/buy-up plan where the Employer and the Employee share in the funding of the plan
Other. Please describe

Does the tax choice plan design apply to all employees or a class of employees? Please explain

Client Info (page 3)

Insured Earnings Definition *(please complete thoroughly as benefits will be based on this information) : (Not Applicable for LTC)*

- W-2 Earnings Calendar Year
 W-2 Earnings without Bonuses
 Salary Only
 Salary & Commissions
 Salary & Bonuses
 Partners - Prior Year K-1
 Sole Proprietorship
 Subchapter S Corporation
 Salary, Commissions & Bonuses*
 Salary & Overtime
 Teachers Contract (1/12th of annual contract salary)
 Teachers Contract (9thly 10thly contract salary)
 Other Insured Earnings Definition (please specify) _____

Are contributions to a qualified Deferred Compensation Plan to be included? No Yes

Are contributions to a Section 125 Plan or flexible spending account to be included? No Yes

If earnings differ by employee group(s), class(es) or division(s), please specify difference below:

***Bonus Questionnaire** *(only complete this section if the plan's Insured Earnings Definition includes bonuses):*

Is bonus based on a pre-determined formula? No Yes

If Yes, is the formula/payment of the bonus based on:

- Company performance **(describe criteria)**
 Individual performance **(describe criteria)**
 A combination of individual & company performance **(describe criteria)**

Criteria: _____

Indicate the percentage of each: ___% individual performance ___% company performance

How long has the bonus plan been in effect? _____

How many times has the bonus been paid? _____

Does the company plan to continue the bonus plan indefinitely? No Yes

Who is eligible for the bonus? _____

Are disabled employees eligible for the bonus? No Yes

If Yes, are they eligible only in the year in which they last worked? No Yes

If No, please explain _____

Prior Plan Information:

Does this plan replace other coverage? No Yes

If so, attach a copy of the prior plan's contract or employee booklet and complete the following:

Coverage	Effective Date	Termination Date	Prior Carrier Name
Long Term Disability			
Short Term Disability			
Life (and/or Life AD&D)			
Long Term Care			

For STD Only: (Not applicable for LTC)

To whom are STD benefits check payable? _____

Statutory Coverage:

Please indicate if the company has employees who work in any of the following states.

- New York New Jersey
 Hawaii California
 Rhode Island Puerto Rico

If so, are these employees covered under this plan? No Yes (If Yes, see procedures for statutory plan requirements)

DBL Coverage:

Is the company situated in New York? No Yes

If Yes, are there also employees working outside of New York? No Yes (If Yes and DBL coverage, see procedures for DBL requirements/processing)

Client Info (page 4)

Internet Services: For access to online services we need the following registration information:

- Internet access available
- Customer is using an IBM compatible PC (Apple computers are not compatible with UnumProvident's Internet Services)
- Customer is using the Windows Operating System (e.g., 95, 98, NT, ME, 2000, XP)
- Customer is using Internet Explorer browser version 5.5 or higher or Netscape browser version 6.0 or higher.

Site Administrator's Full Name _____

The person listed will be granted access to the website and will have the capability of registering additional users for access to the company's security information.

Work Telephone Number _____

E-mail Address (becomes website User Name): _____

The e-mail address listed will become your user name for log-in to the site and will receive a notification whenever a new bill is posted to the website.

Booklet Distribution: (Check One)

I-Booklet E-mail E-mail Address _____

Note: Employee booklets are provided to you via e-mail or i-booklet. This enables you to distribute the booklets to your employees via e-mail or from your company's intranet site, so long as you can comply with the Department of Labor's electronic delivery requirements. If none of the above distribution options meet your needs, please contact your UnumProvident representative.

Acknowledgement:

Effective Date for UnumProvident Plan: _____ Anniversary Date for UnumProvident Plan: _____

Please Confirm Sold rate(s):

LTD _____ Life _____ AD&D _____ Dependent Life _____

STD _____ LTC _____

Your Name _____

Signature _____

Date _____