



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

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

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

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

- |  |  |
|--|--|
| <input type="checkbox"/> Group Life Benefits                               | <input type="checkbox"/> Group Hospital Confinement Indemnity Benefits |
| <input type="checkbox"/> Group Accidental Death and Dismemberment Benefits | <input type="checkbox"/> Group Short Term Disability Benefits          |
| <input type="checkbox"/> Group Critical Illness Benefits                   | <input type="checkbox"/> Group Long Term Disability Benefits           |
| <input type="checkbox"/> Group Cancer Benefits                             | <input type="checkbox"/> Group Accident Benefits                       |

Policy Effective Date: \_\_\_\_\_  
 (mm/dd/yyyy)

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.

By signing this Group Master Application, you acknowledge that you have received a copy of Unum's Disclosure Notice.

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

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

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

SS# / Tax ID# (last 4 digits): \_\_\_\_\_

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