



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.