



Term Life Insurance Enrollment Form

— Complete this form to enroll.

Unum Insurance Company

2211 Congress Street Portland, Maine 04122

THIS IS NOT AN APPLICATION FOR INSURANCE: This is an enrollment form.

Please complete both sides of this form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.



Iowa River Hospice

Step 1: Complete your personal information

First name (please print) M. initial Last name 434493

Social Security Number Gender Date of birth (mm-dd-yyyy)

Street address Apartment #

City State ZIP code -

Original hire date Annual salary Occupation Hours worked per week

Please note: This form will be used to gather your enrollment information for employer paid life, STD and LTD. It is also used for enrollment in voluntary life elections. Please utilize the premium worksheet to determine your premiums then enter your desired coverage level on this form.

Spouse first name (please print) M. initial Last name

Date of birth (mm/dd/yyyy)

Step 2: Choose a coverage amount (you may use the worksheet to calculate your cost)

Remember: The coverage amounts you choose for your spouse or child(ren) cannot exceed 100% of the coverage amount you purchase for yourself.

Term Life Insurance

* If you've chosen life coverage over the amount of \$100,000 for you, or \$25,000 for your spouse, please complete Evidence of Insurability. Ask your plan administrator for details.

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$4,000
<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$6,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$8,000
<input type="checkbox"/> \$100,000 *	<input type="checkbox"/> \$25,000 *	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$30,000	

Want a different amount? \$ _____ \$ _____

AD&D Insurance

Employee	Spouse	Child
Coverage amount	Coverage amount	Coverage amount
<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$2,000
<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$10,000	<input type="checkbox"/> \$4,000
<input type="checkbox"/> \$30,000	<input type="checkbox"/> \$15,000	<input type="checkbox"/> \$6,000
<input type="checkbox"/> \$50,000	<input type="checkbox"/> \$20,000	<input type="checkbox"/> \$8,000
<input type="checkbox"/> \$100,000	<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$10,000
<input type="checkbox"/> \$150,000	<input type="checkbox"/> \$30,000	

Want a different amount? \$ _____ \$ _____

