



Important Information When Considering Portability Coverage

When your group term life insurance coverage ends, either because your employment has terminated or you no longer are eligible to participate in your employer’s group life policy, you have two choices for continuing your life insurance coverage: Portability or Conversion. While there are a number of differences between portability and conversion, some key considerations are:

- **Portability** allows you and your dependents to continue (or “port”) your Life and/or AD&D coverage at group rates. The ported coverage will be subject to the same provisions contained in your employer’s group life insurance policy. **Importantly, you cannot port coverage for anyone who has an injury or sickness which has a material effect on life expectancy.**
- **Conversion** allows you and your dependents to purchase individual life insurance policies (but not AD&D) at rates that may be higher than portability rates. The conversion policies you choose will not contain the exact same coverage you had under your employer’s group life insurance policy. **Unlike portability, conversion is available even if you or your dependents have a sickness or injury which has a material effect on life expectancy.**

If you believe Portability is right for you, read the information below to determine whether you and your dependents are eligible to port your coverage.

PORTABILITY COVERAGE IS NOT AVAILABLE FOR ANYONE WITH AN INJURY OR SICKNESS WHICH HAS A MATERIAL EFFECT ON LIFE EXPECTANCY. This means individuals diagnosed with, or having received medical advice or sought treatment for, any of the following injuries or sicknesses in the past 10 years cannot elect this coverage:

<ul style="list-style-type: none"> • Acquired immune deficiency syndrome (AIDS) • Amyotrophic lateral sclerosis (ALS) • Cerebral palsy with cognitive impairment • Chronic renal disease • Chronic lung disease, including emphysema • Cirrhosis of the liver • Congestive heart failure • Coronary artery disease, heart surgery, or transient ischemic attack (TIA) • Cystic fibrosis • Dementia, including Alzheimer’s disease • Diabetes other than gestational or diet controlled • Drug or alcohol abuse • Hepatitis B or C • High blood pressure concurrently treated with three or more medications 	<ul style="list-style-type: none"> • Leukemia, lymphoma or any cancer other than basal or squamous cell carcinoma of the skin • Morbid obesity defined as a Body Mass Index (BMI) greater than 40 <p><i>Calculate a BMI using the Center for Disease Control’s BMI Calculator online at http://www.cdc.gov/healthyweight/assessing/bmi/adult_bmi/english_bmi_calculator/bmi_calculator.html or call us with height/weight information and we’ll calculate it for you.</i></p> <ul style="list-style-type: none"> • Muscular dystrophy • Psychiatric hospitalization • Quadriplegia • Stroke • Systemic lupus erythematosus or any other rheumatologic disease
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If you are not sure whether anyone applying for this coverage has an injury or sickness in the list above, then attach to this election form the name of the individual with the injury/sickness, his/her relationship to you, a description of the condition, and any current medications. Unum will review the information provided and let you know whether portable coverage is an option.

Important: When a life insurance claim is submitted to Unum on an individual who died within two years of the date that portability coverage became effective, Unum reviews medical records to determine whether the deceased individual was eligible for portability. If Unum determines the deceased individual wasn’t eligible for portability due to an injury or sickness which had a material effect on life expectancy, the beneficiary will not receive the portability amount elected. Instead, the beneficiary will receive a significantly reduced benefit (or possibly no benefit at all). Please see the Portability section of your employer’s group policy for an explanation of how the benefit may be reduced.

If after reading the information on this page you believe you and/or your dependents aren’t eligible to elect portability coverage, remember that you and your dependents may qualify for conversion coverage. Contact your employer for the conversion application form and rates.

If you believe you and/or your dependents are eligible for portability, continue to page 2.

Important Information

What type of coverage can be ported?

- **Basic Life** is insurance that your employer provided for you when you were in active employment.
- **Supplemental Life** is insurance elected by you for which you paid the premiums when you were in active employment.
- **AD&D** is Accidental Death & Dismemberment coverage and may not exceed Life coverage.

What are your employer's responsibilities?

- Fully complete Section 1 on page 3 of this election form and provide it to the employee. Incomplete election forms may result in a denial of coverage.
- Provide the portability rate table to the employee.

What are your responsibilities as the employee?

- Complete Section 2 on page 3 and the Beneficiary Designation Form on page 4. Incomplete forms may be denied.
- Portable coverage is available in amounts up to your current coverage amounts without evidence of insurability—but cannot exceed \$750,000 across all Unum Life and AD&D coverages, the lesser of 5x salary or \$750,000 or the maximum allowed under your plan across all Unum Life and AD&D coverages combined.
- If you wish to elect coverage in an amount other than your current coverage amount, provide the requested amounts. Coverage is subject to the minimum and maximum limits provided in the employer's policy. Contact your employer for a copy of the group life insurance policy.
- Please remember to (1) include your ACH form; (2) sign and date page 3 of this election form; (3) designate a beneficiary on page 4; and (4) retain a copy of this entire form for your records.
- Mail pages 3 and 4 of this election form to the address listed at the top of page 3.

What should you know when completing your Beneficiary Designation Form?

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
 - **Contingent Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits only if all primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
 - **Minor Beneficiary(ies)** – When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a child's court-appointed financial guardian. The regulations governing minor beneficiaries vary by state.
 - **Trust** – You may designate a valid trust as a beneficiary.
 - **Updates to Your Beneficiary Designation** – You can change your beneficiary designation at any time. You may wish to review your designation periodically.
 - **Consult an Attorney** – This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.
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PORTABILITY BENEFICIARY DESIGNATION FORM

2211 Congress Street
Portland Maine 04122
Phone: 1-800-421-0344
Fax: 207-575-2993

Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper.

PART 1: Information About You

Name (Last Name, Suffix, First Name, MI) Social Security Number - -

Policy Number Division

PART 2: Primary Beneficiary (ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name & Address	Telephone Number	Relationship	Social Security Number	Date of Birth	Percent
					Total Must Equal 100%

PART 3: Contingent Beneficiary (ies)

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).

Name & Address	Telephone Number	Relationship	Social Security Number	Date of Birth	Percent
					Total Must Equal 100%

PART 4: Signature

X

Signature _____
Date

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HOW TO CALCULATE YOUR PORTABILITY PREMIUM PAYMENT

<p>Calculate Your Premium Payment</p> <p>1. Find your rate on the rate table under appropriate tobacco use, if applicable. The rate is based on your age at the time your coverage terminates or is reduced.</p> <p>Note: You will qualify for non-tobacco premium rates if you have not used any tobacco products within the last 12 months.</p> <p>Your life insurance rates will continue to increase with age, every 5 years (for example, at age 50, 55, 60 etc.).</p>	<p>Base Rate Per \$1,000 of Coverage _____</p>												
<p>2. Determine the amount of insurance you want. You may have any amount up to and including the amount you had under the group plan.</p> <p>Note: You may be eligible to increase your coverage which would require Evidence of Insurability subject to maximums outlined in your former group insurance policy.</p>	<p>Amount of Coverage _____</p>												
<p>3. a. Base Rate Per thousand dollars of coverage:</p> <p>b. Number of thousand dollars you want:</p> <p>c. Multiply a. by b.:</p> <p>d. Mode you would like to pay</p> <p style="margin-left: 20px;">Monthly = 1</p> <p style="margin-left: 20px;">Quarterly = 3</p> <p style="margin-left: 20px;">Semi-annual = 6</p> <p style="margin-left: 20px;">Annual = 12</p> <p>e. TOTAL c. and d. This is your premium</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Base Rate</td> <td style="width: 50%;">_____</td> </tr> <tr> <td># of \$1,000 Units</td> <td>x _____</td> </tr> <tr> <td>Base Rate X # of Units</td> <td>_____</td> </tr> <tr> <td>Mode</td> <td>x _____</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td>*TOTAL</td> <td>_____</td> </tr> </table>	Base Rate	_____	# of \$1,000 Units	x _____	Base Rate X # of Units	_____	Mode	x _____	 		*TOTAL	_____
Base Rate	_____												
# of \$1,000 Units	x _____												
Base Rate X # of Units	_____												
Mode	x _____												
*TOTAL	_____												
<p>*This is the estimated amount due per payment, actual billed amount may vary slightly due to rounding</p>													
<p>Sample Portability Premium Calculation:</p> <p>1. A 44 year old person decides to continue \$25,000 of coverage</p> <p>2. The person wishes to pay premiums annually</p> <p>3. The monthly rate for a 44 year old is \$.510 per \$1,000 of coverage</p> <p>4. Calculate premiums:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">a. Base rate per thousand dollars of coverage:</td> <td style="width: 30%;">\$.510 (sample rate)</td> </tr> <tr> <td>b. Number of thousand dollar units you wanted:</td> <td>x <u>25</u></td> </tr> <tr> <td>c. Multiply a. by b.:</td> <td>\$12.75 (Monthly)</td> </tr> <tr> <td>d. Multiply c. by 12 for annual</td> <td>x <u>12</u></td> </tr> <tr> <td>e. TOTAL. This is the sample premium amount.</td> <td>\$153.00 (Sample Annual Premium)</td> </tr> </table>		a. Base rate per thousand dollars of coverage:	\$.510 (sample rate)	b. Number of thousand dollar units you wanted:	x <u>25</u>	c. Multiply a. by b.:	\$12.75 (Monthly)	d. Multiply c. by 12 for annual	x <u>12</u>	e. TOTAL. This is the sample premium amount.	\$153.00 (Sample Annual Premium)		
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d. Multiply c. by 12 for annual	x <u>12</u>												
e. TOTAL. This is the sample premium amount.	\$153.00 (Sample Annual Premium)												

Your actual coverage is subject to the terms, conditions, limitations and restrictions set forth in your certificate of coverage and the Summary of Benefits or Policy.

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Unum Life Insurance Company of America
Authorization and Agreement for Automatic Payments
Drawn By and Payable To:
Unum Life Insurance Company of America (hereinafter referred to as "the Company")
2211 Congress Street, Portland, Maine 04122
1-800-421-0344 Fax number: 207-575-2993
email to: PortabilityConversion@unum.com

PLEASE PRINT

BL#/POLICY NUMBER	INSURED NAME	SOCIAL SECURITY NUMBER

Please apply this to all my policies

1. Purpose for submitting this authorization form: _____ Type of Account: _____
- New Preauthorized payment plan Change in bank Checking
 Addition of new policy to plan Change in account number Savings

2. Current Address: _____

3. Name of Banking Institution: _____

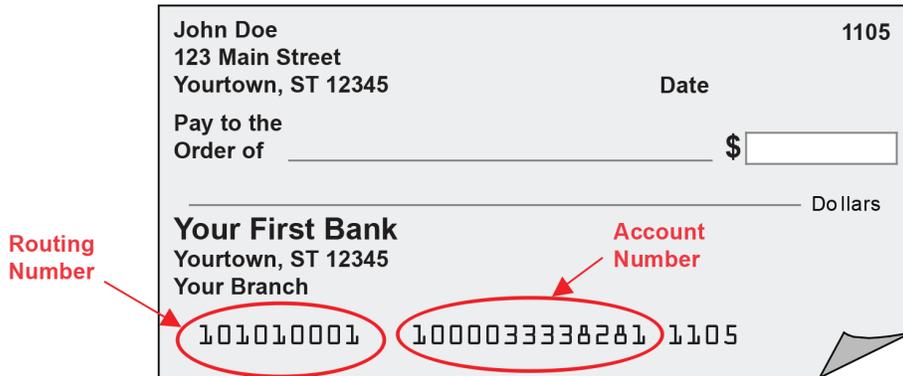
4. Name on Bank Account: _____

5. Routing Number (9 digits): _____

6. Account Number: _____

Refer to the sample check for help locating the Routing Number and Account Number. Attach or scan a Voided Check (optional).

Sample Check



APPLICANT INFORMATION FOR BANK:

You are hereby authorized, as a convenience to me, to pay and charge to my account any check or electronic fund transfer drawn on this account on the first of the month by and payable to the order of the company(s) indicated above for itself (themselves), provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such check or transfer shall be the same as if it were a check drawn on you and signed personally by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice and you have had a reasonable time to act on it. I agree that you shall be fully protected in honoring any such check or transfer.

I further agree that if any such check or transfer be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in the forfeiture of insurance.

Signature of Depositor	Date
Please print name as signed above	

A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL



**THIRD PARTY AUTHORIZATION
 PORTABILITY PROTECTION PLAN
 Unum Life Insurance Company of America
 Unum Insurance Company
 2211 Congress Street
 Portland, ME 04122
 Attention: Portability/Conversion Unit
 Fax: 207-575-2993**

For toll-free assistance call: 1-800-421-0344

POLICY OWNER NAME	BL#							
	BL#							

AUTHORIZED INDIVIDUAL(S) NAME	Relationship to the Policy Owner	PHONE NUMBER

I authorize Unum Group, its subsidiaries and affiliates* and duly authorized representatives ("Unum") to disclose the following insurance plan, policy billing and beneficiary information to the person(s) or organization(s) listed above, for the purpose of assisting me with my insurance coverage:

- Information regarding my coverage, including policy provisions and riders;
- Information regarding premium calculation, invoicing and payments; and
- Name(s) of designated beneficiaries (if applicable).

This authorization does not alter any prior designation made under any law protecting against unintentional lapse of coverage.

This authorization does not allow the authorized individual(s) or organization(s) to make any changes to my coverage, policy, riders, beneficiary designations, or assignments under my policy.

This Authorization does not allow Unum to share claim or health information including, but not limited to, my medical condition, diagnosis, treatment, or pre-existing condition information; the names of my physicians and other medical providers; or benefit amounts paid to me or on my behalf.

Unum will rely on this authorization until I revoke it in writing.

Unum may provide information in writing, electronically, or by telephone (including voice mail messages).

CERTIFICATION

- **I understand that once information is disclosed to the named authorized Individuals or Organizations, it may no longer be protected by federal privacy regulations.**
- I am not required to sign this authorization and Unum may not condition payment of claims on whether I sign this authorization.
- I am entitled to receive a copy of this authorization.
- I may revoke this authorization in writing at any time, except to the extent that Unum has relied on the authorization prior to notice of revocation.

 Policy Owner Signature

 Date Signed

 Print Name

*This authorization is valid for the following Unum insurance subsidiaries: Unum Life Insurance Company of America, Unum Insurance Company, First Unum Life Insurance Company, Provident Life Accident Insurance Company and Provident Life and Casualty Insurance Company.



Portability Rates
CASTLEBERRY INDEPENDENT SCHOOL DISTRICT
(Monthly)

Life Employee
Effective 10/01/2016
Per \$1,000

Age	Rate
00-29	\$.045
30-34	\$.060
35-39	\$.070
40-44	\$.080
45-49	\$.120
50-54	\$.200
55-59	\$.330
60-64	\$.510
65-69	\$.950
70-74	\$1.550
75-99	\$2.060

Life Spouse
Effective 10/01/2016
Per \$1,000

Age	Rate
00-29	\$.045
30-34	\$.060
35-39	\$.070
40-44	\$.080
45-49	\$.120
50-54	\$.200
55-59	\$.330
60-64	\$.510
65-69	\$.950
70-74	\$1.550
75-99	\$2.060

Life Child
Effective 10/01/2016
Per \$1,000
\$.180

Accidental Death and Dismemberment-Employee
Effective 10/01/2016
Per \$1,000
\$.040

Accidental Death and Dismemberment-Spouse
Effective 10/01/2016
Per \$1,000
\$.070

Accidental Death and Dismemberment-Child
Effective 10/01/2016
Per \$1,000
\$.070



Keeping your life insurance

Decisions to make, steps to take

When your relationship with your employer changes — either because you’re leaving the company, you’ve become disabled, or you’re no longer eligible for coverage — you’ll want to take steps to preserve your life insurance.

If your family’s financial security and plans for the future — such as paying for college or staying in your home — are important to you, taking your life insurance with you is a smart move. Depending on your circumstances, you may have two options for keeping your coverage:

What do I need to do to convert or port my coverage?

CONVERSION

Change your group term life coverage to an individual whole life policy, which builds cash value. You pay the premium at individual rates. The right to convert your policy is guaranteed by law under certain circumstances.

Convert:

Have your employer complete Section 1 of the life conversion form (rates included on the form).

Complete Section 2 of the conversion form yourself.

PORTABILITY

Take your group term life coverage with you and pay for it at group rates. This coverage does not build any cash value. This option is also called “porting” your coverage.

Port:

Have your employer complete Section 1 of the life/AD&D portability form (rates available through your employer).

Complete Section 2 of the life/AD&D portability form yourself.

Can convert coverage	Can port coverage	When can I convert or port my life insurance?
X	X	Retiring from the company
X	X	Employment has been terminated
X	X	Hours have been reduced so no longer qualify for your coverage
X*	X***	Leaving because of an illness or injury that impacts life expectancy
X**		Employer has canceled the group policy, or Unum has made changes that make them ineligible for coverage
X		Child is aging out of dependent status (when a child reaches maximum age as outlined in the contract or up to the specific policy’s age limitation for full-time student status)

This table shows the circumstances under which you are eligible to convert or port your coverage.

NEXT STEPS

Submit your initial premium payment[†] with the appropriate form **no later than 31 days** after your coverage ends to: *Unum Life Insurance Company of America, Portability and Conversion Unit, 2211 Congress Street, Portland, ME 04122.*

Remember to designate a beneficiary and sign and date the election form.

You have four ways to pay: Monthly auto-pay by ACH or quarterly, semi-annually or annually by check or money order.

Communication decisions are provided directly to employees.

Important: Don’t miss your chance to keep your life insurance. After your coverage ends, you have just 31 days to apply.

Questions? Please call (800) 421-0344.

Dependents' options

When can dependents convert or port coverage?

CONVERSION

Dependents can convert their coverage if you are eligible to convert, or if you pass away while covered under the group plan.

Dependents can convert even if you do not.

Dependents can convert if they no longer meet the eligibility requirements under the plan.

PORTABILITY

Dependents can port their coverage if you port.

If you pass away, your spouse must port coverage in order to port children's coverage.

Spouses can port coverage for themselves and their children if they are divorced from you. However, children's coverage can be ported under the employee's or spouse's coverage, but not both.

Once children lose their dependent status (when they reach the maximum age as outlined in the contract or up to the specific policy's age limitation for full-time student status), their coverage ceases.

Can dependents be added after coverage is converted or ported?

No. Dependents who did not convert their coverage when you pass away can't be added or convert their coverage later.

Yes. Dependents may be added at any time for the amounts allowed under the group plan (subject to evidence of insurability).

Maximum coverage amounts

What are the maximum coverage amounts for employees?

CONVERSION

Maximum coverage amount is the amount for which you were insured under the group plan.

If you have been insured for at least 5 years and your employer has canceled the group policy, or Unum has made changes that make you ineligible for coverage, the maximum will be the lesser of: \$10,000; or your coverage amount under the plan minus any other group coverage that your employer makes available within 31 days.

PORTABILITY

The maximum coverage amount is the lesser of: Your group maximum benefit; 5X your annual salary; or \$750,000 from all Unum life and AD&D plans combined.

If your group policy offers a "retiree" class or coverage, you can port the difference between the group and retiree coverage amounts. AD&D cannot exceed the ported life amount.

What are the maximum coverage amounts for dependents?

Same as for employees.

Spouse: The highest amount of life insurance available for your spouse under the plan; or 50% or 100% of the employee's ported coverage depending on the group contract; or \$750,000 from all Unum group life and accidental death and dismemberment plans combined, whichever is less.

Child: The highest amount of life insurance available for your child under the plan; or 50% or 100% of the employee's amount (varies by contract); or \$20,000, whichever is less (actual amount may differ based on plan design). AD&D cannot exceed the ported life amount.

Rate and coverage changes

Will my rates change?

CONVERSION

Your rate will be different when you convert the policy from a group to an individual policy. After that, you will pay the same premium for the life of the policy.

PORTABILITY

Your rate may change when you port the coverage. Also, because life premiums are based on age, your premiums will automatically increase in 5-year increments. For example, if you are 42 now, your premiums will increase when you are 45, then 50, and so on.

Will my coverage be reduced as I get older?

No. Your benefit will remain the same.

Yes. Employee and dependent coverage will reduce on an age-related schedule, according to the group plan. **Note:** You can convert the difference between the age-reduced coverage amount and the prior amount.

Can I increase my coverage?

No. Once you have converted your coverage, you cannot increase it.

Yes. Life insurance coverage may be increased with evidence of insurability (medical exam and/or questions) up to the maximums shown above. You may also decrease your coverage, as long as it remains within plan guidelines.



Better
benefits
at work.™

unum.com

Underwritten by Unum Life Insurance Company of America, Portland, Maine
In New York, underwritten by First Unum Life Insurance Company, New York, New York
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of Unum Group and its insuring subsidiaries.

EN-1786-1 FOR EMPLOYEES (2-21)

* State variations apply.

** Available only if you have been insured under the plan for at least five years.
You can convert to a policy with a maximum benefit of \$10,000.

*** Portability may be available if the policy does not include the sickness and injury
provision. Refer to the certificate of coverage for more information.

† NY premiums are not required at the time when the portability application is sent in.



1. **Conversion rights** – When your group life insurance terminates or the amount of coverage you have is reduced, you can convert your coverage to an individual Whole Life Policy or you may purchase a Single Premium Convertible One-Year Term Life Policy. You may purchase either of these options without having to provide evidence of insurability.
2. **Start Conversion within 31 days** – Your life insurance coverage under your employer's group policy remains in effect for 31 days after the date of termination or reduction of coverage. You may apply for conversion any time within that period.

If you do not apply within 31 days, the option to convert will no longer be available to you.

How to apply for Conversion

If you wish to convert your group life insurance coverage to an individual policy, complete the attached application and send it to:

Unum
Portability and Conversion Unit
2211 Congress St.
Portland, Maine 04122

3. **Amount of coverage you can buy** – When your group coverage terminates or reduces, you can apply for any amount of life insurance up to, but not exceeding the amount you had under your group plan.
4. **Cost of an individual policy** – The rates included in this package show the cost of an individual policy. If your rate is not listed, please call Unum at 1-800-421-0344.

COMPLETING THE APPLICATION

1. **Employer completes this section** – Employer must complete the top section of the application before giving to the employee.
2. **Employee completes this section** – Employee must complete this section in order to continue this coverage.
 - a. **Print Insured's Name** – Enter full name, check male or female and enter date of birth.
 - b. **Applicants / Dependent's Name (if other than insured)** – Enter the name of the person applying for insurance if it is other than the insured person. Check male or female and enter date of birth.
 - c. **Insured's Address** – Enter full mailing address of the insured.
3. **What type of insurance are you electing?** You may elect Individual Whole Life or a Single Premium Convertible One-Year Term Life Policy. If you elect the Single Premium Convertible Policy, your Whole Life Insurance Policy will become effective after one year provided the premium due is received within the lifetime of the insured and within the Grace Period as provided in your Whole Life Policy.
4. **What is the amount of insurance you wish to convert** – Enter the exact amount of life insurance you wish to convert to an individual policy. Please note that you may not convert an amount in excess of the amount of coverage you held under the group policy.
5. **Check premium payment mode** – Check the box next to the mode of payment that you elect to pay your premiums.
6. **Do you wish to elect Automatic Premium Loan** – You are entitled to have any loan value on the policy automatically used to pay any premium which is unpaid on expiration of the 31 day grace period.
7. **Whom do you wish as beneficiary(ies) under the Individual Policy** – Enter the full name and relationship of your Primary and Contingent beneficiaries.
8. **Signatures** –
 - Insured's Signature** – The person whose life is being covered for insurance must sign the application unless he/she is under 18 years of age.
 - Applicant's Signature** – If the insured is under 18 years of age, the parent or guardian who will be paying the insurance premiums must sign here.
 - Witness Signature** – Any person other than the insured must sign as a witness to the application.

Special Instructions for Completing the Application

- **A separate application must be completed for each applicant applying for coverage.**
- **Any changes made to your answers must be initialed and dated.**



APPLICATION FOR CONVERSION OF GROUP LIFE INSURANCE TO AN INDIVIDUAL LIFE INSURANCE POLICY
 Unum Life Insurance Company of America

1. Employer Completes this Section

Company Name		Group Policy and Division Numbers	
Employee's Name (Last, First, MI)		Social Security Number	Date of Birth
Dependent Name (if converting dependent coverage)		Social Security Number	Date of Birth
Group life insurance benefits were: <input type="checkbox"/> Terminated <input type="checkbox"/> Reduced	Reason for Termination	Date of Termination or Reduction	Amount of Coverage Lost \$
Was the employee disabled on date of termination or reduction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Disability (Date last worked)	
If yes, see (waiver of premium) Extension of Employee Life Insurance Provision of the group contract, if available under the group plan.			
Has Employee submitted a claim for extension of group benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the group life coverage previously assigned? (collateral/absolute) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Signature			Date

2. Employee Information

A. Print Insured's Name (Last, First, Mid. Int.)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
B. Applicant's/Dependent's Name (if other than insured)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
C. Insured's Address (No. & Street, City, State, Zip Code and Phone Number)		

3. I elect the following life insurance:
 Whole Life Only Single Premium Convertible One-Year Term Life with automatic conversion to Whole Life
Note: The individual policy that you convert to will not contain waiver of premium or accidental death benefits.

4. What is the amount of insurance you wish to convert? \$ _____
Note: The amount may not exceed the amount shown in section 1.

5. Check premium payment mode <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly	6. Do you wish to elect automatic premium loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
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7. Whom do you wish as beneficiary(ies) of proceeds under the individual policy?
 Primary: _____
 If beneficiary(ies) named above not living, then pay:
 Contingent: _____

I UNDERSTAND AND AGREE THAT: (1) The statements and answers in the above application are true, complete and correctly recorded to the best of my knowledge and belief. (2) Any policy issued on this application will be issued in accordance with the conversion privilege contained in the Group Policy. (3) The policy will become effective on the day following the last day of the conversion period prescribed under the Group Policy. (4) The beneficiary designation above has no effect on the beneficiary designation for any death benefits payable under the Group Policy. (5) If any death benefit paid under the Group Policy includes an amount representing the coverage shown in item 4 above, the individual policy will be void from the beginning. In this case, we, Unum Life Insurance Company of America, will refund to the beneficiary any premium paid. **See reverse side for fraud notices.**

8. Insured's Signature	Date	Applicant's/Dependent's Signature	Date	Witness Signature (if other than insured)	Date
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FRAUD NOTICE

For Residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kansas: Any person who knowingly and with intent to defraud presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Kentucky, Ohio and Pennsylvania: 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 subjects such person to criminal and civil penalties.

For Residents of Minnesota: Any person who knowingly or willfully makes a false or fraudulent statement in, or relative to, any application for insurance or membership for any purpose shall be guilty of a gross misdemeanor.

For Residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For Residents of the District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Conversion Rates

Age	Annual Rate 1-Year Term	Rates for Individual Whole Life			Age	Annual Rate 1-Year Term	Rates for Individual Whole Life		
		Annual	Semiannual	Quarterly			Annual	Semiannual	Quarterly
0	5.05	2.06	1.07	0.57	46	8.92	22.08	11.48	6.07
1	5.05	2.16	1.12	0.59	47	9.66	22.62	11.76	6.22
2	5.05	2.27	1.18	0.62	48	10.41	23.44	12.19	6.45
3	5.05	2.39	1.24	0.66	49	11.15	24.52	12.75	6.74
4	5.05	2.51	1.31	0.69	50	11.89	25.87	13.45	7.11
5	5.05	2.63	1.37	0.72	51	13.47	27.95	14.53	7.69
6	5.05	2.77	1.44	0.76	52	15.05	29.88	15.54	8.22
7	5.05	2.91	1.51	0.80	53	16.62	32.08	16.68	8.82
8	5.05	3.05	1.59	0.84	54	18.20	34.56	17.97	9.50
9	5.05	3.21	1.67	0.88	55	19.78	38.69	20.12	10.64
10	5.05	3.37	1.75	0.93	56	21.73	39.23	20.40	10.79
11	5.05	3.54	1.84	0.97	57	23.69	40.31	20.96	11.09
12	5.05	3.72	1.93	1.02	58	25.64	41.94	21.81	11.53
13	5.05	3.91	2.03	1.08	59	27.60	44.10	22.93	12.13
14	5.05	4.11	2.14	1.13	60	29.55	46.81	24.34	12.87
15	5.05	5.29	2.75	1.45	61	32.82	51.32	26.69	14.11
16	5.10	5.56	2.89	1.53	62	36.08	55.21	28.71	15.18
17	5.15	5.83	3.03	1.60	63	39.35	59.65	31.02	16.40
18	5.29	6.10	3.17	1.68	64	42.61	64.64	33.61	17.78
19	5.43	6.36	3.31	1.75	65	45.88	72.96	37.94	20.06
20	5.74	6.99	3.63	1.92	66	49.74	76.31	39.68	20.99
21	5.49	7.27	3.78	2.00	67	53.61	79.66	41.42	21.91
22	5.24	7.55	3.93	2.08	68	57.47	83.01	43.17	22.83
23	5.00	7.84	4.08	2.16	69	61.34	86.36	44.91	23.75
24	4.75	8.12	4.22	2.23	70	65.20	93.06	48.39	25.59
25	4.50	8.40	4.37	2.31	71	73.41	105.19	54.70	28.93
26	4.35	8.65	4.50	2.38	72	81.63	112.26	58.38	30.87
27	4.20	8.90	4.63	2.45	73	89.84	119.32	62.05	32.81
28	4.06	9.15	4.76	2.52	74	98.06	126.38	65.72	34.75
29	3.91	9.40	4.89	2.59	75	106.27	147.58	76.74	40.58
30	3.76	9.65	5.02	2.65	76	114.77	156.43	81.34	43.02
31	3.82	11.55	6.01	3.18	77	123.95	165.82	86.23	45.60
32	3.88	11.84	6.16	3.26	78	133.87	175.77	91.40	48.34
33	3.94	12.13	6.31	3.34	79	144.58	186.31	96.88	51.24
34	4.00	12.42	6.46	3.42	80	156.15	197.49	102.69	54.31
35	4.06	12.85	6.68	3.53	81	168.64	209.34	108.86	57.57
36	4.30	12.98	6.75	3.57	82	182.13	221.90	115.39	61.02
37	4.53	13.25	6.89	3.64	83	196.70	235.22	122.31	64.69
38	4.77	13.64	7.09	3.75	84	212.43	249.33	129.65	68.57
39	5.00	14.16	7.36	3.89	85	229.43	264.29	137.43	72.68
40	5.24	15.61	8.12	4.29	86	247.78	280.15	145.68	77.04
41	5.83	16.43	8.54	4.52	87	260.17	296.95	154.41	81.66
42	6.42	17.40	9.05	4.79	88	273.18	314.77	163.68	86.56
43	7.00	18.50	9.62	5.09	89	286.84	333.66	173.50	91.76
44	7.59	19.74	10.26	5.43	90	301.18	353.68	183.91	97.26
45	8.18	21.81	11.34	6.00					

Policy Fee is as follows:
\$90.00 per annual payment
\$46.80 per semi annual payment
\$24.75 per quarterly payment

Please note: Rates are per \$1,000 of coverage

How to Calculate Your Premium Payment

<p><u>Calculate Your Premium Payment</u></p> <p>1. Determine if you want the whole life or the 1-Year Term coverage. The 1-Year Term will be renewed next year at your attained age to Whole Life coverage assuming premiums are paid in full. If you elect the 1-Year Term, you must submit an annual premium payment. Note that the 1-Year Term coverage is not available in all states.</p>	<p style="text-align: center;"><u>Check Your Elections Below</u></p> <p style="text-align: center;">Whole Life 1-Year Term</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/></p>																																				
<p>2. If you have selected whole life, determine whether you want to pay your whole life premiums annually, semi-annually, or quarterly.</p>	<p style="text-align: center;">Annual Semi-Annual Quarterly</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>																																				
<p>3. Find your rate on the rate table. The rate is based on the type of coverage you want and your age at the time your conversion coverage begins, which is 31 days from the time your group coverage terminates or is reduced.</p>	<p>Base Rate per \$1,000 of Coverage _____</p>																																				
<p>4. Determine the amount of insurance you want. You may have any amount up to and including the amount you had under the group plan.</p>	<p>Amount of Coverage _____</p>																																				
<p>5. <u>Calculate Your Premiums</u></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding-left: 20px;">a. Base rate per thousand dollars of coverage:</td> <td style="padding-left: 20px;">Base Rate</td> <td style="width: 10%;"></td> <td style="width: 20%; text-align: right;">_____</td> </tr> <tr> <td style="padding-left: 20px;">b. Number of thousand dollar units you want:</td> <td style="padding-left: 20px;"># of \$1,000 Units</td> <td style="text-align: center;">x</td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="padding-left: 20px;">c. Multiply a. by b.:</td> <td style="padding-left: 20px;">Base Rate X # of Units</td> <td></td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="padding-left: 20px;">d. If you selected whole life, add the policy fee:</td> <td style="padding-left: 20px;">Policy Fee</td> <td style="text-align: center;">+</td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="padding-left: 40px;">No policy fee for 1-Year Term</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 40px;">Annual \$90.00 per payment</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 40px;">Semi-annual \$46.80 per payment</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 40px;">Quarterly \$24.75 per payment</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">e. TOTAL c. and d. This is your premium.</td> <td style="padding-left: 20px;">* TOTAL</td> <td></td> <td style="text-align: right;">=====</td> </tr> </table> <p style="text-align: right; margin-top: 10px;">* This is the estimated amount due per payment, actual billed amount may vary slightly due to rounding.</p>		a. Base rate per thousand dollars of coverage:	Base Rate		_____	b. Number of thousand dollar units you want:	# of \$1,000 Units	x	_____	c. Multiply a. by b.:	Base Rate X # of Units		_____	d. If you selected whole life, add the policy fee:	Policy Fee	+	_____	No policy fee for 1-Year Term				Annual \$90.00 per payment				Semi-annual \$46.80 per payment				Quarterly \$24.75 per payment				e. TOTAL c. and d. This is your premium.	* TOTAL		=====
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<p><u>Example</u></p> <p>1. A 44 year old person decides to convert to a whole life policy</p> <p>2. The person wants to convert \$25,000 of coverage</p> <p>3. The person wants to pay premiums semi-annually</p> <p>4. The semi-annual rate for a 44 year old is \$10.26 per \$1,000 of insurance</p> <p>5. Calculate premiums:</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; padding-left: 20px;">a. Base rate per thousand dollars of coverage:</td> <td style="padding-left: 20px;">\$10.26</td> <td style="width: 10%;"></td> <td style="width: 20%;"></td> </tr> <tr> <td style="padding-left: 20px;">b. Number of thousand dollar units you want:</td> <td style="padding-left: 20px;">X 25</td> <td></td> <td style="text-align: right;">_____</td> </tr> <tr> <td style="padding-left: 20px;">c. Multiply a. by b.:</td> <td></td> <td></td> <td style="text-align: right;">\$256.50</td> </tr> <tr> <td style="padding-left: 20px;">d. If you selected whole life, add the policy fee:</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 40px;">No policy fee for 1-Year Term</td> <td></td> <td></td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td style="padding-left: 40px;">Annual \$90.00 per payment</td> <td></td> <td></td> <td style="text-align: right;">-</td> </tr> <tr> <td style="padding-left: 40px;">Semi-annual \$46.80 per payment</td> <td></td> <td></td> <td style="text-align: right;">\$46.80</td> </tr> <tr> <td style="padding-left: 40px;">Quarterly \$24.75 per payment</td> <td></td> <td></td> <td style="text-align: right;">-</td> </tr> <tr> <td style="padding-left: 20px;">e. TOTAL c. and d. This is your premium.</td> <td></td> <td></td> <td style="text-align: right;">\$303.30</td> </tr> </table>		a. Base rate per thousand dollars of coverage:	\$10.26			b. Number of thousand dollar units you want:	X 25		_____	c. Multiply a. by b.:			\$256.50	d. If you selected whole life, add the policy fee:				No policy fee for 1-Year Term			\$0.00	Annual \$90.00 per payment			-	Semi-annual \$46.80 per payment			\$46.80	Quarterly \$24.75 per payment			-	e. TOTAL c. and d. This is your premium.			\$303.30
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Your actual coverage is subject to the terms, conditions, limitations and restrictions set forth in your certificate of coverage and the Summary of Benefits or Policy.