



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.

If you already have Unum coverage: Please be aware that any new benefit elections on this form will replace all existing elections. If you do not wish to make changes, you do not need to complete this form. Please contact your plan administrator for assistance.



Trumbull Industries, Inc.

Step 1: Complete your personal information

First name (please print) M. initial Last name 645391

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

Did you recently become eligible for benefits? (Y/N) Have you been rehired by your company? (Y/N) If so, please provide a date (mm-dd-yyyy)

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 previously purchased coverage and are now electing an amount over \$100,000 for you or \$25,000 for your spouse or if you were previously offered coverage during your initial eligibility period and declined to enroll, 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"/> \$70,000	<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

Want a different amount? \$ _____ \$ _____

AD&D Insurance

Employee		Spouse		Child	
Coverage amount	Monthly cost	Coverage amount	Monthly cost	Coverage amount	Monthly cost
<input type="checkbox"/> \$10,000	\$0.35	<input type="checkbox"/> \$5,000	\$0.18	<input type="checkbox"/> \$2,000	\$0.06
<input type="checkbox"/> \$20,000	\$0.70	<input type="checkbox"/> \$10,000	\$0.37	<input type="checkbox"/> \$4,000	\$0.12
<input type="checkbox"/> \$30,000	\$1.06	<input type="checkbox"/> \$15,000	\$0.55	<input type="checkbox"/> \$6,000	\$0.19
<input type="checkbox"/> \$70,000	\$2.46	<input type="checkbox"/> \$20,000	\$0.74	<input type="checkbox"/> \$8,000	\$0.25
<input type="checkbox"/> \$100,000	\$3.52	<input type="checkbox"/> \$25,000	\$0.93	<input type="checkbox"/> \$10,000	\$0.31

Want a different amount? \$ _____ \$ _____

