DIOCESE OF
FORT WAYNE-SOUTH BEND
HUMAN RESOURCES

ENROLLMENT FORM: UNUM **COMPLIMENTARY** GROUP LIFE INSURANCE PLAN

Underwritten by: Unum Life Insurance Company of America 2211 Congress St. Portland ME 04122

Employer Name: Diocese of Fort Wayne-South Bend Plan # 551767 Div 005 Location # _____

Employee Information

Last Name _____ First Name _____

Male
Female

Date of Birth _____ Social Security Number _____

Street Address _____ Phone _____

City _____ State _____ Zip _____ Email _____

Job Title _____ Date of Hire _____

Plan Information

This life insurance plan provides financial protection for your beneficiary(ies) by paying a benefit in the event of your death. The amount your beneficiary(ies) receive(s) is based on the amount of coverage in effect just prior to the date of your death according to the terms and provisions of the plan. Your employer pays the cost of this coverage. Employees must be working at least 30 hours per week to be eligible

Beneficiary Informaı on

Name	Relationship	Date of Birth	SSN	Benefit %

If the beneficiaries named above are not living , then pay:

Name	Relationship	Date of Birth	SSN	Benefit %

I understand that my coverage may be subject to exclusions, limitations, delayed effective dates and benefit offsets, as described in the enrollment materials that have been provided to me by my employer. I certify that all statements are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request.

Signature _____ Date _____