



CLIENT INFORMATION
Unum Life Insurance Company of America
 2211 Congress Street
 Portland, Maine 04122

This information initiates Unum processing that ultimately produces your contract, employee booklets, and bills. We thank you for completing this information accurately and promptly returning it.

SECTION 1: Company information

Company Legal Name <i>(Please use punctuation and any abbreviations that apply)</i>		Employer Main Phone Number
Address		Employer Identification Number (EIN):
City	State/Province	State/Province of Jurisdiction (where corporate headquarters is located)
Zip/Postal Code	Country	
Nature of Business (please specify):		Number of Years in Business
Are U.S. employees in other states or countries covered? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, List employees by state and country on census)		Are foreign nationals covered under this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, List employees by state and country on census)

Does the company participate in a Workers' Comp/PERA/PERS Program?
 Yes No

Are other divisions, subsidiaries, or affiliates covered under this plan?
 Yes No (If Yes, attach name, address, relationship and nature of business)

Does the company have employees working in locations other than the city/state where the Master application was signed? Yes No

Are employees in these other locations to be covered by this policy?
 Yes No

If you answered "Yes" to the last two questions, complete the final page of this form, "Important Company Location Information."

SECTION 2: Type of Organization

- | | |
|--|--|
| <input type="checkbox"/> Regular C-Corporation (1120) | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Subchapter S-Corporation (1120S) | <input type="checkbox"/> School or Municipality |
| <input type="checkbox"/> Partnership (1065) | <input type="checkbox"/> Association |
| <input type="checkbox"/> Sole Proprietorship (Schedule C) | <input type="checkbox"/> Union |
| <input type="checkbox"/> Limited Liability Partnership (LLP) | <input type="checkbox"/> Government Organization |
| Limited Liability Company (LLC) taxed as: | <input type="checkbox"/> Non-Profit Organization |
| <input type="checkbox"/> C Corporation (1120) | <input type="checkbox"/> Other (Please Specify) |
| <input type="checkbox"/> S Corporation (1120S) | _____ |
| <input type="checkbox"/> Partnership (1065) | |
| <input type="checkbox"/> Sole Proprietorship (Schedule C) | |

SECTION 3: ERISA Information – Required for groups with 100 or more employees

Plan Name	Plan Number
Plan Year Ends	Employer Phone Number

SECTION 4: Contacts

Decision-maker for company's employee benefits	Telephone Number
E-mail Address	Fax Number
Plan Administrator/Correspondent Name <i>(if different than above)</i>	Telephone Number
E-mail Address	Fax Number
Claims Contact <i>(if different than above)</i>	Telephone Number
E-mail Address	Fax Number
Billing Contact <i>(if different than above)</i>	Telephone Number
E-mail Address	Fax Number
Does your Company utilize a Third Party Administrator? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Third Party Administrator's Name	Telephone Number
E-mail Address	Fax Number

DENTAL THIRD PARTY ADMINISTRATOR

Does your Company Utilize a Third Party Administrator for Cobra? Yes No

Third Party Administrator's Name	Third Party Administrator's Contact Name
Email Address	Phone Number

Your Third Party Administrator provides the following:

Administration Only Administration and Billing

Is the Third Party agreement provided? Yes No

SECTION 5: Eligibility Information

Description of eligible employees	Number of eligible employees
Minimum number of hours the employee must work to be covered	
Are any employees excluded? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who?	Is there anyone not actively at work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who?
Are any dependents disabled under Life plans? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, who?	

Is Board of Directors included? Yes No **Note:** Board Members must work the minimum number of hours required for coverage.

Canadian Employees:

Does the company employ residents of Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, are the employees covered under this plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Waiting Period: Present Employees:

Are all current employees covered as of the effective date? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, do they have the same waiting period as future hires? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 5: Eligibility Information (continued)

Waiting Period: Future Employees:

No Waiting Period

1st of the month coinciding with or next following:

___ day(s) of active employment OR

___ month(s) of active employment

The day following completion of:

___ day(s) of active employment OR

___ month(s) of active employment

Payroll billed cases only — First pay period following:

___ day(s) of active employment OR

___ month(s) of active employment

No Waiting Period

Other, please specify _____

Waiting Period: Future Employees

If waiting periods differ according to employee class, or salaried or hourly designations, please provide details here:

Waiver of the Waiting Period: If an employee has been continuously employed by your company in an ineligible status for a period of time equal to the waiting period, do you want Unum to waive the waiting period when the employee enters an eligible group? Yes No

Rehire: If an employee terminated with your organization and is rehired within 12 months, will their previous work in an eligible group apply toward the waiting period? Yes No

Layoff and Leave of Absence

Unum’s standard for Layoff and Leave of Absence is “end of the month that follows the month in which your layoff/leave of absence begins.”

Do you extend coverage for employees on a leave of absence Yes No

Do you extend coverage for employees on a layoff? Yes No

Domestic Partner

Will same sex be covered? Yes No

Will opposite sex be covered? Yes No

Will cohabitation be: 6 months 12 months

Note: There may be laws in your state that affect these choices.

SECTION 6: Contributions – Complete the applicable questions.

- Does your company (the employer) pay 100% of the plan premiums? Yes No
If yes, are Owners covered under the plan? Yes No
- Do your employees pay 100% of the plan premiums? Yes No
If yes, are the employee-paid premiums paid through a Section 125 plan? Yes No
- Do both the employer and the employees share the funding of the plan premiums? Yes No
If yes, state the percentage of the contribution paid by the employer _____ %
- **Life and/or Disability:** Does your company (the employer) fund base plan with employee buy-ups? Yes No
If yes, are employee-paid premiums through a Section 125 plan? Yes No
If yes, state the percentage of the contribution paid by the employer: _____ % for employee coverage
_____ % for dependent coverage
- **Dental:** Does your company (the employer) fund the dental plan for employees? Yes No
If yes, which type of employer contributions? Dollar Percentage
If yes, provide Dollar Amount Contribution: \$ _____ or Percentage Amount Contribution _____ %
- **Dental:** Does your company (the employer) fund the dental plan for dependents? Yes No
If yes, which type of employer contributions? Dollar Percentage
If yes, provide Dollar Amount Contribution: \$ _____ or Percentage Amount Contribution _____ %

SECTION 6: Contributions – Complete the applicable questions. (continued)

- Is participation mandatory? Yes No
- If no**, have participation requirements been met? Yes No

Tax Choice questions are applicable for Group Long Term Disability and Short Term Disability products.

Does your company's (the employer's) **disability plan** provide for the choice between having premiums paid on a fully pre-tax or fully post-tax basis at the election of the employee or the employer? **Note:** An additional cost may be associated with Tax Choice options.*

If yes, check one of the following premium funding arrangements which describes the tax choice plan design that your company (the employer) has selected:

- The Employer pays 100% of the premium and includes this contribution in the Employee's taxable income (i.e. mandatory "gross up").
- The Employer pays 100% of the premium and each Employee is offered the choice of whether to have premium included in the Employee's taxable income (i.e. elective "gross up").
- The Employee pays 100% of the premium and each Employee is offered the choice of whether to have premium deducted on a pre-tax basis (inside a Section 125 plan) or on a post-tax basis.
- The Employer has a base/buy-up plan where the Employer and the Employee share in the funding of the plan that offers a choice of having premium paid on a fully pre-tax basis or a fully post-tax basis.
- Other. Please describe _____
- Does the tax choice plan design apply to all employees or a class of employees? Please explain.

*** If your LTD or STD contract does not currently have a Tax Choice option and you would like to have it added, this could result in an increase in the sold rate.**

SECTION 7: Prior Plan Information

If this Unum Plan is replacing current coverage, complete this section and attach a copy of the prior plan's contract or employee booklet.

Coverage	Effective Date	Termination Date	Prior Carrier Name
Long Term Disability			
Short Term Disability			
Life (and/or Life AD&D)			
Dental			

SECTION 8: Insured Earnings Definition

(please complete thoroughly as benefits and premiums will be based on this information):

- Salary Only
- Prior Year W-2
- Prior Year W-2 Without Bonuses
- Salary & Bonuses*
- Salary & Commissions
- Salary, Commissions & Bonuses
- Salary & Overtime
- Partners - Prior Year K-1
- Subchapter S Corporation
- Sole Proprietorship
- Teachers Contract (1/12th of annual contract salary)
- Teachers Contract (1/9th or 1/10th of contract salary)
- Other Insured Earnings Definition (please specify) _____

- Do earnings and premium include shift differential? Yes No
- Do earnings reported as salary include contributions to a Qualified Deferred Compensation plan? Yes No
- Do earnings reported as salary include contributions to a Section 125 Plan or Flexible spending account? . Yes No
- If earnings differ by employee group(s), class(es), or division(s), please specify differences below:

SECTION 8: Insured Earnings Definition (continued)

Owners Earnings Definition (if applicable) (check all that apply)

Owners included for: STD LTD Base Life Voluntary Life

Do the owners receive a W-2? Yes No

Do the owners receive a K-1? Yes No

Does the owner file a Schedule C? (Sole Proprietor)..... Yes No

Other Earnings (please specify) _____

Owner's total earnings should be calculated on the: Prior Year Prior 2 Year Average Prior 3 Year Average

SECTION 9: STD

For STD Only:

To whom are STD benefits check payable? Employee Employer

STD FICA Match: (there is an additional cost for this service)..... Yes No

Effective Date _____

Statutory Coverage:

Please indicate if the company has employees who work in any of the following states.*

- New York New Jersey
- Hawaii California
- Rhode Island Puerto Rico

If so, are these employees covered under this plan? Yes No

If yes, are these employees covered under the Statutory plan? Yes No

*The states listed above have special requirements for disability coverage which your Unum contract may not satisfy.

Are any entities filed as a "Plan or Agreement"? If so, provide the DB-801 or DB-802 form as documentation for proper state filing.

SECTION 10: Administration and Billing

Internet Administration and Billing:

Please Note: Unum's standard method of delivery of the premium statement is through your employer internet services site which includes online premium statements, online employee changes, evidence of insurability reporting, forms, brochures, and your plan administrator's guide.

Benefit Administration:

Do you use a system or application to assist you in administering benefits that we should be aware of? It might be a payroll system, an enrollment system, or a complete benefit administration system. If yes, please provide the name of the system. _____

Broker Access:

Do you want your Broker to have access to the Unum Internet Services site where your bills and contract will display and employee changes can be made?

Bills Yes No

Employee Changes Yes No

Contracts Yes No

If yes to any of the above, provide Broker name, phone number and email address _____

Your name _____

Your signature _____ Today's date _____

Billing Type:

- List Bill Self Accounting

If you selected List Bill, will you be sending a data feed for changes? Yes No

Billing Mode:

- Monthly Other

Payment Options:

- Check via mail Electronic Authorization Recurring Automatic Debit

SECTION 10: Administration and Billing (continued)

Plan Administrator and Billing Contacts (listed on page 1) will automatically receive access to these services and will have the capability of registering additional users for access to the company's security information.

Payroll Deduction Information Needed by _____ (Unum needs 30 days to code enrollments)

Do you want your billing cycle to match your payroll cycle?..... Yes No
(Note that if the product is Select Income and includes base/buyup, payroll billing is not available)

Payroll Cycle:

- Monthly (12 pay cycles/year)
- Semi-monthly (24 pay cycles/year)
- Bi-weekly (26 pay cycles/year)
- Weekly (52 pay cycles/year)

Claim & Leave InSight..... Yes No

Claim & Leave InSight provides reporting capabilities for claims and leaves on disability products.

Anniversary Date: Does your plan's anniversary date differ from your plan effective date? Yes No

If yes, what is your anniversary date? _____

Aging:

For billing purposes, we need to know how the aging of employees and the aging of spouse should be captured.

For products with rates that are age-banded: how is the employee age calculated for premium purposes? Select one:

- Based on employee's age as of policy anniversary
- Based on employee's date of birth
- Based on Plan Year minus Birth Year

For products that include spouse coverage: how is the spouse age calculated for premium purposes? Select one:

- Based on employee's date of birth
- Based on spouse's date of birth

SECTION 11: Employee Booklets

Note: Employee booklets are provided to you via employer internet services site or via e-mail. This enables you to distribute the booklets to your employees via e-mail or from your company's intranet site, so long as you can comply with the Department of Labor's electronic delivery requirements. If none of the above distribution options meet your needs, please contact your Unum representative.

SECTION 12: Acknowledgment

Effective Date for Unum Plan _____

Please Confirm Sold Rate(s)

STD	LTD	Life
AD&D	Dependent Life	

Dental

Certificate Holder: _____ Certificate Holder and One Adult _____ Certificate Holder and Child(ren) _____
Certificate Holder and Family _____

Your Name _____ Date _____

Signature _____

SECTION 13: Important Company Location Information

Company location information is imperative. If the company has subsidiaries filed with their own FEIN with current employees working in the provided location, complete the following in detail.

1) (Main situs) Company Name and FEIN Number

Address

Relationship & Nature of Business

2) Company Name and FEIN Number

Address

Relationship & Nature of Business

3) Company Name and FEIN Number

Address

Relationship & Nature of Business

4) Company Name and FEIN Number

Address

Relationship & Nature of Business

If there are more than four locations to be covered, please continue on another sheet. List the same information as requested above. Locations within the same state but not at the same address must be noted separately.

Once you have listed all locations to be covered by this policy, indicate on your census which employees work at which location, using the numbers relevant to each location's information. **See this example of Company Location and Census Coding:**

1) (Main situs)

Company Name: Excellent Ice Cream Company
Address: 999 Central Road, Someplace, New Jersey 07000
Nature of Business: Food Processing

2) (Second Location in another state)

Company Name: Excellent Ice Cream Delivery
Address: 222 Ice Cream Lane, Someplace, Delaware 19700
Nature of Business: Trucking/No Warehousing

3) (Third Location also in same state as second location, but at a different address)

Company Name: Excellent Ice Cream Packaging
Address: 444 Dairy Road, Someplace Else, Delaware 19701
Nature of Business: Food Product Packaging

LAST NAME	FIRST NAME	GENDER	SSN	OCCUPATION	DOB	DOH	ANN SAL	HRS/WK	LOC #
Doe	John	M	999-99-9999	President	07/09/1956	01/01/1986	75000	40	1
Doe	Jane	F	888-88-8888	Vice President	01/02/1964	01/01/1986	50000	40	2
Fox	James	M	777-77-7777	Truck Driver	08/03/1963	01/01/1985	40000	40	2
Employee	Joe	M	666-66-6666	Packer	06/22/1970	01/01/1999	30000	40	3

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