



APPLICATION FOR GROUP INSURANCE

Name of Applicant \_\_\_\_\_

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

applies to the First Unum Life Insurance Company, for:

- Group Life Benefits
- Group Lifestyle Protection Life Benefits
- Group Universal Life Benefits
- Group Accidental Death and Dismemberment Benefits
- Group Short Term Disability Benefits
- Group Long Term Disability Benefits
- Group Long Term Care Benefits

Is there any group life insurance plan in force or being applied for on some or all employees?  Yes  No  
If yes, complete the following or list the prior carriers:

Employee Class	Maximum Amounts	Name of Carrier	Effective Dates	Termination Dates
			___/___/___	___/___/___
			___/___/___	___/___/___

If the Insurance Company approves this application, a policy will be issued. The applicant agrees that acceptance of the policy will be an approval of the policy terms. The policy specifications will be made a part of the policy along with a copy of this form.

Dated at \_\_\_\_\_  
(Applicant)

on \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_  
(Signature and Title)

Producer Name: \_\_\_\_\_ (Please Print)      Producer Signature: \_\_\_\_\_

SS# / Tax ID#: \_\_\_\_\_ State ID #: \_\_\_\_\_ Policy Effective Date: \_\_\_/\_\_\_/\_\_\_

PRODUCER INFORMATION: For commission purposes, please list the brokers/agents for this application. Use full names, including complete business names. To ensure proper payment of commissions, include each producer's tax identification number (social security number or corporate tax id) and state identification number where applicable. If more than one producer, please be sure to specify the split %. For corporate producers, please specify the signing representative's name and ID #'s.

PLEASE PRINT ALL INFORMATION CLEARLY

	Producer Name (Please print full name)	SS# / Tax ID#	State ID# (where applicable)	Split Percentage (Must total 100%)	UNUM Producer # (If known)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____