

**APPLICATION FOR GROUP DISABILITY BENEFITS POLICY
PROVIDING BENEFITS REQUIRED UNDER THE NEW YORK DISABILITY
BENEFITS LAW**

TO

FIRST UNUM Life Insurance Company
(Referred to as the Insurance Company)

Application is made by Federal Employer
Identification Number _____

1. Unemployment Insurance
Account Number _____
(Employer's Name) Show name as registered with NYS Dept. of Labor, Unemployment
Insurance Division.

2. _____
(Business Address)

3. Nature of Business _____
The Policy is to insure employees of the Policyholder or an Employer whose employment
with the Policyholder or Employer is subject to the New York Disability Benefits Law.

4. SUBSIDIARY OR AFFILIATED COMPANIES, OTHER THAN THE POLICYHOLDER,
WHO ARE TO BE INSURED:

Name: (As registered with NYS Dept. of Labor, Unemployment Insurance Division.)	Address:	Unemployment Insurance Account No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. CLASSES OF EMPLOYEES TO BE INSURED:
(If all employees are to be covered; so state. Describe any classes of employees who are
not to be covered.)

6. Are employees to contribute? ___ Yes ___ No

It is understood that an employee may not contribute more than 1/2 of 1% of his wages, nor
more than \$.60 per week.

7. How many seasonal employees? _____ What time of year? _____
8. What is your normal work week? _____ hours. How many part-time employees do you employ? _____
9. The present percentage of female employees who are subject to the New York Disability Benefits Law is _____ % of total number of employees on Policyholder's Unemployment Insurance Payroll. (Required only in groups of 25 or more employees.)
10. The initial premium rate shall be _____

The requested effective date of this policy is _____

NOTICE

Section 38 (b)(3) of New York Statutes regarding Insurance Fraud requires us to inform you of the following Law.

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Dated at _____ on _____ 19 _____

(Witness)

(Policyholder)

(Signature and Title)