



Select Risk Questionnaire

Employer Name: _____

Address: _____

Please provide the following information to the best of your knowledge with regard to all eligible employees and dependents. We understand you may not have sufficient knowledge to answer these questions. You are not obligated to ask any employee or physician for information. Please do not include any information that might identify the employee or dependent to us, such as name or Social Security Number. Also please do not provide information about positive HIV test results unless the employee or dependent has also developed symptoms of the disease AIDS.

Have any eligible employees or dependents been treated for a serious medical condition during the past 12 months? Yes No

If yes, please provide the following details for each person:

1. Nature of medical condition and the prognosis.
2. Amount of Life insurance coverage requested by the employee or dependent:
3. Indicate the person's age bracket (<40, 40-49, 50-59, 60-69, 70+):
4. Is the employee currently actively at work or expected to return to work prior to the proposed effective date of coverage with UnumProvident?

Please note: If you have any employees who are absent from work and/or disabled, please contact your UnumProvident representative to discuss their potential eligibility for coverage.

Employer's Signature: _____ Date: _____

Title: _____