



Underwritten by:
 Unum Life Insurance Company of America
 2211 Congress Street, Portland, ME 04122

Group Term Life Insurance Enrollment Form

FOR EMPLOYEE TO COMPLETE GROUP PLAN #: 597830

EMPLOYEE NAME <i>(last name, first, middle initial)</i>		EMPLOYER NAME FLORIDA STATE UNIVERSITY	
EMPLOYEE ADDRESS <i>(street, city, state, zip code)</i>		SOCIAL SECURITY NUMBER	DATE OF BIRTH
SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF EMPLOYMENT	EMPLOYEE ID#	JOB TITLE
ANNUAL EARNINGS	DEPARTMENT/BUILDING & ROOM NUMBER/MAIL CODE:	EFFECTIVE DATE:	EMAIL ADDRESS:
HOURS WORKED PER WEEK	I AM EMPLOYED ON A [9] [10] OR [12] MONTH CONTRACT (PLEASE CIRCLE ONE)		

COVERAGE ELECTIONS

AMOUNT OF COVERAGE SELECTED FOR:

Life You: \$ _____ YOUR SPOUSE: \$ _____ YOUR CHILDREN: \$ _____

NOTE: If you have chosen coverage over the Guarantee Issue amount for you, your spouse or dependents, you will also need to complete an Evidence of Insurability form (1143-01 FL). The amount of coverage over your Guarantee Issue amount will be subject to medical underwriting approval and will become effective on the first of the month coincident with or next following the date UnumProvident approves your Evidence of Insurability form. If you DO NOT APPLY FOR coverage for you or your dependent(s) during your initial enrollment period, you will need to complete an Evidence of Insurability form for all amounts of coverage.

Spouse Information *(complete only if spouse coverage is selected)*

NAME:	SOCIAL SECURITY #:	DATE OF BIRTH:
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Beneficiary Information for Employee Coverage (Employee is spouse/dependent beneficiary):

NAME <i>(last name, first, middle initial):</i>	RELATION TO YOU:	BENEFIT %:
IF THE BENEFICIARY (IES) NAMED ABOVE ARE NOT LIVING, THEN PAY:		

REQUEST FOR SIGNATURE CERTIFICATION: 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 at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

_____/_____/_____ Date _____ Work Phone _____ Home Phone

 Agent

GROUP TERM LIFE INSURANCE

Underwritten by UNUM Life Insurance Company Benefits

Benefits

You may choose any amount of Group Term Life Insurance benefit you desire, but not less than the minimum nor more than the maximum multiples of salaries shown in the schedule below (rounded to the lower \$1,000), subject to the "Limits at Issue" column, and to eligibility requirements shown below.

Age	Percent of Salary		Limits at Issue	Disability Benefits
	Minimum	Maximum		
Group				
0-54	100%	300%	\$150,000	To age 100
55-59	\$10,000	300%	\$100,000	To age 100
60-64	\$10,000	300%	\$100,000	To age 65
65-69	\$10,000	300%	\$ 60,000	1 year
70-74	\$10,000	300%	\$ 60,000	6 months
75-79	\$10,000	300%	\$ 40,000	3 months
80-84	\$10,000	300%	\$ 30,000	1 month
85+	\$10,000	300%	\$ 20,000	1 month

The amount of insurance you choose, when eligible, does not automatically reduce with age, so long as employment continues and the appropriate premium is paid.

Eligibility

If you are a permanent full-time employee, you may participate in the Guaranteed Issue program, provided you are actively at work on the date of application and on the date the coverage is scheduled to take effect.

Employee and Spouse Premiums

Premiums per \$1,000 of insurance are shown below by age groups. The premium is adjusted effective October 1st, following the date that an employee and/or spouse's attained age falls into a higher age group.

Ages 19-34 \$.07	Ages 45-49 \$.25	Ages 55-59 \$.61	Ages 65-69 \$1.55
Ages 35-44 \$.15	Ages 50-54 \$.38	Ages 60-64 \$.96	Ages 70-74 \$2.45

Rates are available for ages 75 and above

Dependents

You may include insurance for your spouse for up to \$25,000 under guaranteed issue guidelines at the premium amounts shown above, provided it does not exceed 50% of the amount of Group Term coverage that is currently in force on yourself. Your dependent children ages 6 months to age 19, or 25 if a full-time student, may be insured in increments of \$5,000 up to a guaranteed issue limit of \$10,000 (children from birth to 6 months are insured for \$1,000). The monthly premium for each \$5,000 increment is \$2.50.

You cannot apply for spouse and/or dependent children coverage without insuring yourself.

Additional Benefits

- Accelerated Living Benefit: If you or a covered dependent should be deemed terminally ill, you may request that the Company pay an Accelerated Living Benefit of up to 50% of the face amount of your policy.
- Disability Benefit: If you should become totally and permanently disabled while insured, your coverage will be continued while such a disability exists for the time period shown in the schedule above, and premiums for your spouse and/or dependent will be waived as long as the disabled employee's premium is waived.

Termination

The Group Term Life Insurance will remain in force 31 days following termination of employment. By making application to the UNUM Life Insurance Company during this period, the insurance may be converted without medical examination to an individual Whole Life insurance policy, at the premium for your then attained agency.

Retirement

If you retire, you may continue up to \$20,000 of your Group Term Life Insurance on the same basis as if you were still employed, provided the Master Group Life policy held by your employer remains in force and premium for such insurance continues to be deducted from your retirement pay; or, you may convert up to 50% of your group insurance to a form of Whole Life insurance without evidence of insurability as of your then attained age.