



University System of Maryland Term Life and LTD Enrollment Form



Policy:
Life 115327
LTD 510162

Instructions: If you are enrolling in employee coverage for the first time, please complete the enrollment form and mail or fax to Unum using the address/fax provided at the end of the form. For your enrollment to be valid, you must sign and date the form. Your effective date of coverage will be determined based on the date your completed enrollment is received at Unum. Please be advised it may take up to 30 days to process your enrollment. To view or make changes, please logon to the website: <http://w3.unum.com/enroll/usm>. If you are a first time user, you will find instructions to establish a password. You will then have the ability to view or change your dependent, beneficiary or benefit information.

Please print or type all information in BLACK INK for electronic imaging.

Payroll System: ☐ Regular ☐ University of Maryland

Agency Code: ☐ ☐ ☐ ☐ ☐ ☐

Pay Frequency: ☐ 12 ☐ 21 ☐ 22 ☐ 26

(See your pay stub for this information)

☐ Direct Bill (only applies to Contract Employees) Contract Employee Dates: _____

Social Security #: _____ - _____ - _____

Employee Name: _____

Action Requested:

Term Life

LTD

☐ New

☐ Employee

☐ New

☐ Change

☐ Spouse

☐ Change

☐ Cancel

☐ Child

☐ Cancel

☐ Rehire

☐ Rehire

Campus Location (*check one*):

☐ BSU (15)

☐ CSU (13)

☐ FSU (24)

☐ SU (21)

☐ TU (19)

☐ UB (17)

☐ UMB (12)

☐ UMBC (22)

☐ UMBI (16)

☐ UMCES (25)

☐ UMCP (11)

☐ UMES (14)

☐ UMUC (MD location only 18)

☐ USMO (23)

☐ UMUC/Eur (4)

☐ UMUC/Asia (5)

☐ Transfer to new campus location from _____ to _____ (see code above)

Home Address: _____

City, State, Zip: _____

Salary: _____

Date of Birth: _____

Date of Hire: _____

Date of Transfer: _____

Gender: ☐ Male ☐ Female

Term Life Insurance

Spouse and Child Coverage

The following dependents are eligible for coverage under the plan:

- Your lawful spouse, including a legally separated spouse. You may not cover your spouse as a dependent if your spouse is enrolled for coverage as an employee.
- Your children from live birth through the end of the year in which they attain age 26. Stillborn children are not eligible for coverage.
- Your unmarried dependent children age 26 or over are eligible, provided they are unable to earn a living because of a physical or mental disability and you are the main source of support and maintenance. Unum must receive proof within 31 days of the date the child attains age 26 and as required during the first two years. Please logon to <http://w3.unum.com/enroll/usm> to print the "Request for Continuation of Group Life Insurance for Incapacitated Children" form. After the first two years Unum will ask for proof when needed but not more than once a year.
- Children include your own natural offspring, lawfully adopted children and stepchildren. They also include foster children and other children who are dependent on you for main support and living with you in a regular parent-child relationship. A child will be considered adopted on the date of placement in your home.

Please complete the form on reverse side.

Term Life Insurance

Coverage Elections: *If you choose an amount over the Guarantee Issue limit for you (any amount over \$50,000) or your spouse (any amount over \$20,000), or if you do not apply when you are first eligible, you will need to complete an Evidence of Insurability form. 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 Unum approves your Evidence of Insurability form. If your election requires Evidence of Insurability, an application will be mailed to your home.*

Employee

Coverage Amount: \$ _____

\$10,000 increments (minimum coverage \$10,000; maximum coverage the lesser of 6x's earnings or \$750,000)

Spouse

Coverage Amount: \$ _____

\$10,000 increments (minimum coverage \$10,000; maximum coverage can not exceed the lesser of 100% of employees coverage or the plan maximum of \$150,000)

Spouse Name: _____

Spouse Date of Birth: ____ / ____ / ____

Child

Coverage Amount: ☐ \$5,000 ☐ \$10,000

Long Term Disability Insurance (LTD)

Coverage Elections: *If you do not apply when you are first eligible or if you later change to the 90 day plan, you will need to complete an Evidence of Insurability form and will become effective on the date that Unum approves your Evidence of Insurability form. If your election requires Evidence of Insurability, an application will be mailed to your home.*

Elimination Period: _____ 90 days _____ 365 days

For any Employee Life, Spouse/Child Life and Employee LTD insurance elected above, I authorize premium deductions from my earnings, and understand these premiums can be changed in accordance with the plan. I verify that the information provided on this sheet is accurate. I understand that I must be actively at work on both the enrollment and effective dates for any coverage to be effective; and that the plan does not cover any losses where death is caused by, contributed by, or results from suicide occurring within 24 months after my or my dependent's original effective date and/or after the date any additional insurance becomes effective for me or my dependents.

Employee Signature: _____ **Date:** ____ / ____ / ____

If you have any questions, please call the Unum Client Service Center toll-free at 1-866-762-8705.

Fax Completed Form to Unum at: 207-771-4022

Or Mail to:

Unum
Client Service Center
PO Box 9783
Portland, ME 04104-5083