



UNUM®

(Please Type or Print Clearly)

EMPLOYEE DATA LISTING

P.O. Box 5044, 5420 North Service Rd.
Burlington, Ontario L7R 4C1
905.319.9501

Policyholder Name: _____ Policy Number: _____ Division: _____

Location: _____ Listing as of (date): _____ (mm / dd / yyyy) Prepared By: _____ Phone Number: _____

- NONCONTRIBUTORY MANDATORY PARTICIPATION
 CONTRIBUTORY NON-MANDATORY PARTICIPATION¹

¹ - IF YOUR PLAN IS NON-MANDATORY PLEASE LIST ALL ELIGIBLE EMPLOYEES AND INDICATE ENROLLED STATUS WITH A Y (YES) OR N (NO).

Employee Name (Last, first, middle initial)	Occupation / Job Title	For Unum Use Only	Employee Class ²	Province	Dependent Life (Y/N)	Sex	Date of Birth (MM/DD/YYYY)	Basic Monthly Earnings ³	Hrs. Worked Per Week	Date of Hire (MM/DD/YYYY)	Enrolled (Y/N)
EXAMPLE: Doe, John J.	VP Marketing			Ont	Y	M	01/05/1940	2,000	30	01/01/1965	Y
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											

LISTING CONTINUES ON REVERSE SIDE

² - Employee Class: Your plan may have separate classes for benefits or eligibility. Please indicate class for each employee.
³ - Basic Monthly Earnings is the amount of income covered by this policy. Please refer to your contract for income definition.

Authorized Signature: _____ Date: _____ (mm / dd / yyyy)

