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

GROUP ENROLLMENT CARD
(VOLUNTARY TERM LIFE)

EMPLOYER SECTION *(to be completed by Employer)*

NAME OF EMPLOYER	POLICY NUMBER(S)	BILLING DIVISION	CLASS NO.	REINSTATEMENT ❑ YES ❑ NO
OCCUPATION / TITLE	DATE EMPLOYED FULL-TIME MM DD YYYY	EARNINGS $ ❑ Hr. ❑ Wk. ❑ Mth. ❑ Yr.	NUMBER OF HOURS WORKED PER WEEK	

EMPLOYEE SECTION *(to be completed by Employee)*

EMPLOYEE NAME	DATE OF BIRTH MM DD YYYY	SOCIAL INSURANCE NUMBER

PROVINCE OF RESIDENCE	LANGUAGE ❑ ENGLISH ❑ FRENCH	SEX ❑ MALE ❑ FEMALE	DO YOU HAVE A SPOUSE? ❑ YES ❑ NO	SPOUSE'S DATE OF BIRTH MM DD YYYY

DO YOU HAVE CHILDREN YOUNGER THAN 19 OR AGE 19 - 25 WHO ARE FULL-TIME STUDENTS? ❑ YES ❑ NO	HAVE YOU SMOKED ANY CIGARETTES IN THE LAST 12 MONTHS? ❑ YES ❑ NO	AMOUNT OF COVERAGE SELECTED FOR:	YOU: $	YOUR SPOUSE: $	EACH CHILD: $

BENEFICIARY DESIGNATION *To name more than one beneficiary or to name a contingent beneficiary, ask your plan administrator for assistance.*

Beneficiary's Last Name	First Name	Initial	%	Relationship

If none of the above is living then pay

FOR RESIDENTS OF QUEBEC ONLY:
A spousal beneficiary designation is irrevocable unless you make the designation revocable by checking here.
REVOCABLE ❑

EVIDENCE OF INSURABILITY FORM MUST BE SUBMITTED WITH THIS COMPLETED APPLICATION

I hereby apply for the Voluntary Group Term Life coverage for which I am now or may later become eligible and authorize my Employer to deduct the required contribution, if any, from my pay.

I agree that any insurance issued as a result of this application shall take effect on the date I am actively employed on a full-time basis, otherwise on the date I return to full-time active employment, subject to approval by Unum and any waiting period pertinent to my Employer's plan. Unum shall not be liable for any claim commencing prior to the effective date of insurance.

I hereby authorize Unum to use my Social Insurance Number specifically for my insurance file identification, any tax reporting purposes, and all other matters pertaining to my Voluntary Group Term Life Insurance plan.

Employee's Signature ______________________ Date (mm / dd / yyyy) ______________

For Head Office Use Only	Occ Code	Date Received Month Day Year	Effective Date Month Day Year	Cert No(s)	Approved By

13098E (7/00)

Unum is the marketing brand for: **The Paul Revere Life Insurance Company • Provident Life and Accident Insurance Company • Unum Life Insurance Company of America**

White - Unum Yellow - Employer