



Underwritten by:
 Unum Life Insurance Company of America
 LTC Department
 2211 Congress Street, Portland, Maine 04122

CRAWFORD & COMPANY

Enrollment Form

Long Term Care - Policy #550117

Your Name: (Last Name, First, Middle Initial)	Social Security Number ____ - ____ - _____	Date of Birth (MM/DD/YYYY) ____ / ____ / ____
Street Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Hire (MM/DD/YYYY) ____ / ____ / ____
City, State, Zip Code	Home Telephone # ()	Work Telephone # ()

Complete the following only if applicant is not the employee

Employee's Name	Employee Social Security No. ____ - ____ - _____	Employee Date of Birth ____ / ____ / ____	Employee Date of Hire ____ / ____ / ____
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Division (check one): Crawford & Company Garden City Group

Applicant Is: (This Enrollment Form must be completed for any selection)

<input type="checkbox"/> Employee	<input type="checkbox"/> Employee's Parent or Grandparent	<input type="checkbox"/> Sibling (minimum age 18)
<input type="checkbox"/> Employee's Spouse	<input type="checkbox"/> Spouse's Parent or Grandparent	<input type="checkbox"/> Child (minimum age 18)

Plans

(Check one)

<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4
<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home Care 	<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home Care • Total Home Care 	<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home Care • Simple Inflation 	<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home Care • Total Home Care • Simple Inflation

Facility Monthly Benefit Amount

(Check one)

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000
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Facility Benefit Duration (Duration of benefits may vary depending on where benefits are received.)

(Check one)

<input type="checkbox"/> 3 Years	<input type="checkbox"/> 6 Years
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NOTE TO EMPLOYEES: All employees hired between 07/01/08 – 6/01/09 have a Guarantee Issue opportunity with no EOI required. **ALL OTHER APPLICANTS** must complete this Enrollment Form and the Long Term Care Insurance Application (medical questionnaire). **ALL** Medical Questionnaires must accompany a signed Authorization to Request Medical Information Form #6720-03 located in the enrollment kit.

Active Employee or Spouse: Your premium will be paid through the Employee's payroll deduction. Employee must sign below to authorize the Employer to make the payroll deduction.

All other eligible Family Members: Please select payment method: Monthly Automatic Payments (deducted from your checking account – complete Authorization/Agreement for Automatic Payments), **OR**

Billed directly (paper) by the insurance company: Quarterly Semi-Annually Annually

Caution: If your answers on this Enrollment Form are incorrect or untrue, we may have the right to deny benefits or rescind your insurance.

By signing below, you signify that you have read and understand that loss of Activities of Daily Living (ADL) or Severe Cognitive Impairment must occur after your effective date of coverage under this Long Term Care plan in order to be covered, and that certain limitations and exclusions apply to your coverage. **MA Residents ONLY:** You also signify that you have received and read the MassHealth eligibility notice entitled "For Massachusetts Residents Only" - Form #7650-04. All information is contained in your kit.

Your Premium: \$ _____ (Transfer the premium amount from the calculation on the rate sheet)

_____/_____/_____ Applicant's Signature	_____/_____/_____ Date	_____/_____/_____ Employee's Signature (Required for Spouse Coverage)	_____/_____/_____ Date
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Employees & All Family Members: Please sign and mail all required signature forms to Unum (address at top of page). Retain a copy for your records. (K2)

If you have questions about Long Term Care coverage, please call Unum's toll-free number: 1-800-227-4165.