



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

HEIDELBERG COLLEGE
Family Benefit Election Form
Long Term Care - Policy #129153

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 # ()
Employee's Name	Employee Social Security No.	Employee Date of Birth	Employee Date of Hire

Is this a change to existing coverage? Yes No
If yes, please note that all elections made below will replace existing coverage upon underwriting approval, if applicable.

All applicants must complete this form. Applicant is:

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

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 • Shortened Benefit Period • 50% Professional Home & Community Care 	<ul style="list-style-type: none"> • Long Term Care Facility • Shortened Benefit Period • 50% Professional Home & Community Care • Simple Inflation 	<ul style="list-style-type: none"> • Long Term Care Facility • Shortened Benefit Period • 100% Professional Home & Community Care 	<ul style="list-style-type: none"> • Long Term Care Facility • Shortened Benefit Period • 100% Professional Home & Community 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	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,000	<input type="checkbox"/> \$8,000	<input type="checkbox"/> \$9,000
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Facility Benefit Duration – Check one. Note: Duration of benefits may vary depending on where benefits are received.

<input type="checkbox"/> 3 Years	<input type="checkbox"/> 6 Years	<input type="checkbox"/> Lifetime
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- **All applicants** must complete this Benefit Election Form and the Long Term Care Insurance Application (medical questionnaire) for any selection.
- A signed Authorization to Request Medical Information (form #6720-03 in the kit) must accompany all medical questionnaires.

Form is continued on reverse side.

