



## Whole Life Insurance

can pay money to your family if you die. It can help them with basic living expenses, final arrangements, tuition and more.

### How does it work?

You can keep Whole Life Insurance as long as you want. Once you've bought coverage, your cost won't increase as you age. The benefit amount stays the same, too — it doesn't decrease as you get older. That means you get protection during your working years and into retirement.

Whole Life Insurance also builds cash value at a guaranteed rate of 3.75%.\* You can borrow from that cash value, or you can buy a smaller, paid-up policy — with no more premiums due.

### What's included?

#### A "Living" Benefit

You can request an early payout of your policy's death benefit (up to \$150,000 maximum) if you're diagnosed with a terminal illness and expected to live 12 months or less. It can help cover your costs while you're still alive. The payout would reduce the benefit that's paid when you die.

### Who can get coverage?

<b>You:</b>	You can purchase coverage for \$6 or \$9 weekly.
<b>Your spouse: Individual coverage</b>	Get individual coverage for your spouse if they are between 15 and 80 years old. If you leave your employer, you can keep this coverage and be billed at home. You can purchase coverage for \$3 weekly.
<b>Your children: Term Life coverage</b>	You can also purchase a Child Term Life benefit up to \$10,000, which can be added to an employee or spouse policy. Eligible children, legally adopted children and stepchildren are covered from 14 days until the earlier of their 25th birthday or the date your policy ends. At that time, the child has a right to buy an individual Whole Life policy at up to 5 times the amount of their rider.

### Why should I buy coverage now?

- It's more affordable when you're younger. Once you've bought coverage, your cost stays the same as long as you keep it.
- The cost is conveniently deducted from your paycheck.
- Whole life gives you valuable protection in addition to any term life insurance you might have.



## Whole Life Insurance

### Sample rates\*\*

#### Lifetime premium

You'll have coverage as long as you make your payments. Your premiums are spread out over your lifetime.

\$6 Weekly cost		
Issue age	Coverage amount	Guaranteed cash value at 65
25	\$28,650	\$11,070
35	\$21,095	\$7,276
45	\$13,176	\$3,686
\$9 Weekly cost		
Issue age	Coverage amount	Guaranteed cash value at 65
25	\$42,975	\$16,606
35	\$31,643	\$10,915
45	\$19,764	\$5,529

\*\*Sample amounts shown are for non-tobacco users.  
Cash values may vary for policies effective prior to 01/01/2022.

When you buy life insurance, you name the people who will receive the money from the policy when you die. These people are called beneficiaries. Unum will pay benefits to the beneficiaries in one lump sum; however, if a beneficiary is a minor (typically younger than 18, but this may vary by state) and no financial guardian has been appointed, the benefits will be paid to that minor through a Unum Retained Asset Account.

A Unum Retained Asset Account is a fund held in Unum's general account for the named minor beneficiary. The account accrues interest regardless of Unum's actual investment performance, and, while not FDIC insured, the account funds are fully guaranteed by Unum. For more information about the retained asset account, please contact Unum.

\*The policy accumulates cash value based on a non-forfeiture interest rate of 3.75% and the 2017 CSO mortality table. The cash value is guaranteed and will be equal to the values shown in the policy. Cash value will be reduced by any outstanding loans against the policy. Eligible employees must be actively at work to apply for coverage.

Employees must be U.S. citizens, Canadian citizens working in the U.S., or have a Green Card to receive coverage.

#### Effective date of coverage

Your coverage will be effective on the first day of the month in which payroll deductions begin.

#### Exclusions

Life insurance benefits will not be paid for deaths caused by suicide. If within two years from the policy effective date, the insured commits suicide, whether sane or insane, Unum will not pay the death benefit. The amount payable by us in place of all other benefits, shall be the sum of premiums paid, without interest, less the sum of any debt and the cost of any riders.

#### Termination of coverage

All coverage under this policy will terminate on the earliest of the following:

- Written request by you to terminate the policy;
- The insured dies;
- The policy matures; or
- The loan value exceeds the guaranteed cash value of this policy.

In Virginia, this life insurance does not specifically cover funeral goods or services and may not cover the entire cost of your funeral at the time of your death. The beneficiary of this life insurance may use the proceeds for any purpose, unless otherwise directed.

This information is not intended to be a complete description of the insurance coverage available. The policy or its provisions may vary or be unavailable in some states. The policy has exclusions and limitations which may affect any benefits payable. For complete details of coverage and availability, please refer to Policy Form L-21848 et al. or contact your Unum representative.

Unum complies with state civil union and domestic partner laws when applicable.

Underwritten by: Provident Life and Accident Insurance Company, Chattanooga, TN  
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Riders: Child Term Rider

**Whole Life Paid Up Age 120**  
 (for individual policies effective on or after 01/01/2022)  
**Cash Value at Age 65\*\***  
**Money Purchase**

**Non-Tobacco**  
**Weekly Premiums**  
**Leech Lake Band of Ojibwe**

See attached pages for rider premiums.

Issue Age	Face Amount	\$3.00 Premium	Cash Value	Face Amount	\$6.00 Premium	Cash Value	Face Amount	\$9.00 Premium	Cash Value
15	14,717	6,427	6,427	29,434	12,854	12,854	44,151	19,280	
16	14,662	6,368	6,368	29,323	12,736	12,736	43,985	19,104	
17	14,607	6,309	6,309	29,213	12,619	12,619	43,820	18,928	
18	14,559	5,893	5,893	29,077	11,786	11,786	43,616	17,680	
19	14,485	5,837	5,837	28,969	11,675	11,675	43,454	17,512	
20	14,431	5,780	5,780	28,862	11,560	11,560	43,293	17,341	
21	14,404	5,732	5,732	28,809	11,465	11,465	43,213	17,197	
22	14,391	5,689	5,689	28,782	11,377	11,377	43,173	17,066	
23	14,365	5,638	5,638	28,729	11,275	11,275	43,094	16,913	
24	14,351	5,580	5,580	28,703	11,180	11,180	43,054	16,770	
25	14,325	5,535	5,535	28,650	11,070	11,070	42,975	16,606	
26	13,966	5,351	5,351	27,932	10,702	10,702	41,898	16,052	
27	13,613	5,168	5,168	27,225	10,337	10,337	40,838	15,505	
28	13,288	4,997	4,997	26,576	9,983	9,983	39,864	14,990	
29	12,968	4,827	4,827	25,935	9,653	9,653	38,903	14,478	
30	12,673	4,666	4,666	25,345	9,331	9,331	38,018	13,996	
31	12,178	4,432	4,432	24,356	8,864	8,864	36,534	13,295	
32	11,729	4,216	4,216	23,459	8,433	8,433	35,188	12,649	
33	11,304	4,011	4,011	22,609	8,022	8,022	33,913	12,033	
34	10,917	3,821	3,821	21,833	7,641	7,641	32,750	11,462	
35	10,548	3,638	3,638	21,095	7,276	7,276	31,643	10,915	
36	10,058	3,417	3,417	20,116	6,833	6,833	30,174	10,250	
37	9,612	3,213	3,213	19,224	6,426	6,426	28,835	9,638	
38	9,198	3,022	3,022	18,396	6,044	6,044	27,594	9,067	
39	8,824	2,847	2,847	17,647	5,694	5,694	26,471	8,541	
40	8,478	2,683	2,683	16,957	5,365	5,365	25,435	8,048	
41	8,016	2,484	2,484	16,033	4,968	4,968	24,049	7,451	
42	7,606	2,304	2,304	15,212	4,608	4,608	22,818	6,912	
43	7,232	2,138	2,138	14,465	4,276	4,276	21,697	6,414	
44	6,897	1,986	1,986	13,793	3,971	3,971	20,690	5,957	
45	6,588	1,843	1,843	13,176	3,686	3,686	19,764	5,529	
46	6,210	1,684	1,684	12,420	3,367	3,367	18,631	5,051	
47	5,873	1,538	1,538	11,747	3,077	3,077	17,620	4,615	
48	5,571	1,405	1,405	11,143	2,810	2,810	16,714	4,216	
49	5,299	1,282	1,282	10,598	2,584	2,584	15,897	3,846	
50	5,052	1,167	1,167	10,104	2,334	2,334	15,155	3,500	
51	4,688	1,028	1,028	9,375	2,057	2,057	14,063	3,085	

\* The guaranteed interest rate is 3.75%. \*\* For ages 56+, values shown represent 10th year values. \* Surrender value will be reduced by any outstanding loans.

\* The maximum face amount for an employee and spouse varies by account and plan design.

\* The cost of the child term rider is \$6.00 annually per \$1,000 of benefit coverage up to a maximum of \$20,000. CTR is not available in WA.

\* By accessing this site, you attest to having completed required Anti-Money Laundering training. Anti-Money Laundering training is located here: <https://www.unum.com/legal/antimoneylaundering>

Riders: Child Term Rider

**Whole Life Paid Up Age 120**  
(for individual policies effective on or after 01/01/2022)  
**Cash Value at Age 65\*\***  
**Money Purchase**

**Non-Tobacco**  
**Weekly Premiums**  
**Leech Lake Band of Ojibwe**

See attached pages for rider premiums.

Issue Age	\$3.00 Premium	\$6.00 Premium	\$9.00 Premium
	Face Amount	Cash Value	Face Amount
52	4,373	906	1,811
53	4,098	795	1,590
54	3,856	695	1,390
55	3,640	603	1,206
56	3,448	536	1,193
57	3,275	592	1,183
58	3,118	588	1,176
59	2,976	586	1,172
60	2,846	585	1,170
61	2,598	557	1,114
62	2,390	535	1,070
63	2,213	516	1,032
64	2,060	501	1,002
65			976
66			959
67			944
68			931
69			924
70			920
71			899
72			882
73			866
74			853
75			839
76			825
77			811
78			
79			
80			

\* The guaranteed interest rate is 3.75%. \*\* For ages 56+, values shown represent 10th year values. \* Surrender value will be reduced by any outstanding loans.

\* The maximum face amount for an employee and spouse varies by account and plan design.

\* The cost of the child term rider is \$6.00 annually per \$1,000 of benefit coverage up to a maximum of \$20,000. CTR is not available in WA.

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Riders: Child Term Rider

**Whole Life Paid Up Age 120**  
(for individual policies effective on or after 01/01/2022)  
**Cash Value at Age 65\*\***  
**Money Purchase**

**Tobacco**  
**Weekly Premiums**  
**Leech Lake Band of Ojibwe**

See attached pages for rider premiums.

Issue Age	Face Amount	Cash Value	\$3.00 Premium	Face Amount	Cash Value	\$6.00 Premium	Face Amount	Cash Value	\$9.00 Premium	Face Amount	Cash Value
15	8,814	3,849	17,627	17,627	7,698	34,914	34,914	11,547	52,351	52,351	11,547
16	8,795	3,794	17,469	17,469	7,587	34,538	34,538	11,381	51,705	51,705	11,381
17	8,657	3,739	17,314	17,314	7,479	34,162	34,162	11,218	51,059	51,059	11,218
18	8,581	4,193	17,162	17,162	8,387	33,786	33,786	12,580	50,413	50,413	12,580
19	8,506	4,133	17,012	17,012	8,266	33,410	33,410	12,389	49,767	49,767	12,389
20	8,432	4,073	16,865	16,865	8,146	33,034	33,034	12,219	49,121	49,121	12,219
21	8,367	4,026	16,774	16,774	8,051	32,658	32,658	12,077	48,475	48,475	12,077
22	8,347	3,980	16,693	16,693	7,959	32,282	32,282	11,939	47,829	47,829	11,939
23	8,302	3,931	16,605	16,605	7,862	31,906	31,906	11,793	47,183	47,183	11,793
24	8,263	3,883	16,525	16,525	7,766	31,530	31,530	11,650	46,537	46,537	11,650
25	8,219	3,833	16,438	16,438	7,665	31,154	31,154	11,499	45,891	45,891	11,499
26	8,075	3,735	16,149	16,149	7,469	30,778	30,778	11,203	45,245	45,245	11,203
27	7,955	3,638	15,870	15,870	7,275	30,402	30,402	10,913	44,599	44,599	10,913
28	7,796	3,541	15,592	15,592	7,082	30,026	30,026	10,622	43,953	43,953	10,622
29	7,666	3,447	15,332	15,332	6,894	29,650	29,650	10,342	43,307	43,307	10,342
30	7,540	3,355	15,080	15,080	6,710	29,274	29,274	10,065	42,661	42,661	10,065
31	7,365	3,240	14,731	14,731	6,481	28,900	28,900	9,721	42,015	42,015	9,721
32	7,196	3,128	14,391	14,391	6,256	28,526	28,526	9,384	41,369	41,369	9,384
33	7,037	3,020	14,073	14,073	6,040	28,152	28,152	9,060	40,723	40,723	9,060
34	6,881	2,913	13,763	13,763	5,827	27,778	27,778	8,740	40,077	40,077	8,740
35	6,736	2,811	13,472	13,472	5,622	27,404	27,404	8,432	39,431	39,431	8,432
36	6,433	2,644	12,866	12,866	5,287	27,030	27,030	7,931	38,785	38,785	7,931
37	6,156	2,489	12,313	12,313	4,978	26,656	26,656	7,466	38,139	38,139	7,466
38	5,905	2,346	11,809	11,809	4,691	26,282	26,282	7,037	37,493	37,493	7,037
39	5,671	2,211	11,341	11,341	4,423	25,908	25,908	6,634	36,847	36,847	6,634
40	5,455	2,085	10,909	10,909	4,170	25,534	25,534	6,256	36,201	36,201	6,256
41	5,118	1,915	10,236	10,236	3,831	25,160	25,160	5,746	35,555	35,555	5,746
42	4,821	1,763	9,642	9,642	3,527	24,786	24,786	5,290	34,909	34,909	5,290
43	4,555	1,625	9,109	9,109	3,250	24,412	24,412	4,876	34,263	34,263	4,876
44	4,318	1,500	8,635	8,635	3,000	24,038	24,038	4,500	33,617	33,617	4,500
45	4,104	1,365	8,208	8,208	2,769	23,664	23,664	4,154	32,971	32,971	4,154
46	3,859	1,261	7,719	7,719	2,522	23,290	23,290	3,783	32,325	32,325	3,783
47	3,642	1,149	7,285	7,285	2,298	22,916	22,916	3,447	31,679	31,679	3,447
48	3,449	1,047	6,898	6,898	2,094	22,542	22,542	3,140	31,033	31,033	3,140
49	3,275	952	6,549	6,549	1,905	22,168	22,168	2,857	30,387	30,387	2,857
50	3,117	865	6,234	6,234	1,729	21,794	21,794	2,594	29,741	29,741	2,594
51	2,919	768	5,837	5,837	1,535	21,420	21,420	2,303	29,095	29,095	2,303

\* The guaranteed interest rate is 3.75%. \*\* For ages 56+, values shown represent 10th year values. \* Surrender value will be reduced by any outstanding loans.

\*\* The maximum face amount for an employee and spouse varies by account and plan design.

\* The cost of the child term rider is \$6.00 annually per \$1,000 of benefit coverage up to a maximum of \$20,000. CTR is not available in WA.

\* By accessing this site, you attest to having completed required Anti-Money Laundering training. Anti-Money Laundering training is located here: <https://www.unum.com/legal/antimoneylaundering>

Provident Life and Accident Insurance Company  
1 Fountain Square, Chattanooga, TN 37402

First Unum Life Insurance Company  
666 3rd Avenue, Suite 301 New York, NY 10017

Version 201304

10/13/2022

**Whole Life Paid Up Age 120**  
 (for individual policies effective on or after 01/01/2022)  
**Cash Value at Age 65\*\***  
**Money Purchase**

**Tobacco**  
**Weekly Premiums**  
**Leech Lake Band of Ojibwe**

See attached pages for rider premiums.

Issue Age	\$3.00 Premium		\$6.00 Premium		\$9.00 Premium	
	Face Amount	Cash Value	Face Amount	Cash Value	Face Amount	Cash Value
52	2,744	680	5,488	1,360	8,232	2,040
53	2,589	600	5,178	1,199	7,768	1,799
54	2,451	525	4,902	1,051	7,353	1,576
55	2,327	456	4,653	912	6,980	1,368
56	2,182	439	4,364	879	6,545	1,318
57	2,054	424	4,108	849	6,162	1,273
58			3,881	822	5,821	1,232
59			3,677	797	5,516	1,196
60			3,494	775	5,241	1,163
61			3,298	749	4,947	1,123
62			3,123	725	4,684	1,087
63			2,965	708	4,448	1,062
64			2,823	694	4,235	1,040
65			2,694	681	4,041	1,022
66			2,586	673	3,879	1,009
67			2,487	666	3,730	999
68			2,395	662	3,592	992
69			2,308	659	3,464	988
70			2,230	657	3,345	986
71			2,109	643	3,163	964
72			2,000	631	3,000	947
73					2,853	931
74					2,720	916
75					2,598	902
76					2,487	887
77					2,385	870
78					2,291	850
79					2,205	827
80					2,124	801

\* The guaranteed interest rate is 3.75%. \*\* For ages 56+, values shown represent 10th year values. \* Surrender value will be reduced by any outstanding loans.

\* The maximum face amount for an employee and spouse varies by account and plan design.

\* The cost of the child term rider is \$6.00 annually per \$1,000 of benefit coverage up to a maximum of \$20,000. CTR is not available in WA.

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Riders: Child Term Rider

**Whole Life Paid Up Age 70**  
(for individual policies effective on or after 01/01/2022)

**Non-Tobacco**  
**Weekly Premiums**  
**Leech Lake Band of Ojibwe**

**Cash Value at Age 65\*\***  
**Money Purchase**

See attached pages for rider premiums.

Issue Age	Face Amount	\$3.00 Premium	Cash Value	Face Amount	\$6.00 Premium	Cash Value	Face Amount	\$9.00 Premium	Cash Value
15	14,648		7,019	29,296		14,038	43,944		21,058
16	14,566		6,967	29,132		13,934	43,697		20,901
17	14,485		6,915	28,969		13,830	43,454		20,745
18	14,404		6,861	28,809		13,726	43,213		19,593
19	14,325		6,805	28,650		13,622	42,975		19,438
20	14,247		6,749	28,493		13,518	42,740		19,283
21	14,169		6,692	28,338		13,414	42,506		19,128
22	14,091		6,635	28,184		13,310	42,272		18,974
23	14,013		6,578	28,031		13,206	42,039		18,820
24	13,935		6,521	27,878		13,102	41,806		18,666
25	13,857		6,464	27,725		13,000	41,574		18,512
26	13,779		6,407	27,572		12,896	41,342		18,358
27	13,701		6,350	27,420		12,792	41,110		18,204
28	13,623		6,293	27,267		12,688	40,878		18,050
29	13,545		6,236	27,115		12,584	40,646		17,896
30	13,467		6,179	26,962		12,480	40,414		17,742
31	13,389		6,122	26,810		12,376	40,182		17,588
32	13,311		6,065	26,657		12,272	39,950		17,434
33	13,233		6,008	26,505		12,168	39,718		17,280
34	13,155		5,951	26,352		12,064	39,486		17,126
35	13,077		5,894	26,200		11,960	39,254		16,972
36	13,000		5,837	26,047		11,856	39,022		16,818
37	12,922		5,780	25,895		11,752	38,790		16,664
38	12,844		5,723	25,742		11,648	38,558		16,510
39	12,766		5,666	25,590		11,544	38,326		16,356
40	12,688		5,609	25,437		11,440	38,094		16,202
41	12,610		5,552	25,285		11,336	37,862		16,048
42	12,532		5,495	25,132		11,232	37,630		15,894
43	12,454		5,438	24,980		11,128	37,398		15,740
44	12,376		5,381	24,827		11,024	37,166		15,586
45	12,298		5,324	24,675		10,920	36,934		15,432
46	12,220		5,267	24,522		10,816	36,702		15,278
47	12,142		5,210	24,370		10,712	36,470		15,124
48	12,064		5,153	24,217		10,608	36,238		14,970
49	11,986		5,096	24,065		10,504	36,006		14,816
50	11,908		5,039	23,912		10,400	35,774		14,662

\* The guaranteed interest rate is 3.75%. \*\* For ages 56+, values shown represent 10th year values. \* Surrender value will be reduced by any outstanding loans.

\* The maximum face amount for an employee and spouse varies by account and plan design.

\* Paid up at Age 70 is only available for employee and spouse ages 15-50.

\* The cost of the child term rider is \$6.00 annually per \$1,000 of benefit coverage up to a maximum of \$20,000. CTR is not available in WA.

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**Whole Life Paid Up Age 70**  
(for individual policies effective on or after 01/01/2022)  
**Cash Value at Age 65\*\***  
**Money Purchase**

**Tobacco**  
**Weekly Premiums**  
**Leech Lake Band of Ojibwe**

See attached pages for rider premiums.

Issue Age	Face Amount	\$3.00 Premium	Cash Value	Face Amount	\$6.00 Premium	Cash Value	Face Amount	\$9.00 Premium	Cash Value
15	8,789	4,212	8,423	17,577	8,423	26,366	12,634		
16	8,705	4,164	8,328	17,411	8,328	26,116	12,492		
17	8,624	4,117	8,234	17,247	8,234	25,871	12,351		
18	8,543	4,065	8,130	17,087	8,130	25,630	12,210		
19	8,464	4,013	8,027	16,929	8,027	25,393	12,069		
20	8,387	3,962	7,924	16,774	7,924	25,161	11,928		
21	8,312	3,911	7,821	16,620	7,821	24,931	11,787		
22	8,238	3,860	7,718	16,467	7,718	24,700	11,646		
23	8,165	3,809	7,615	16,314	7,615	24,470	11,505		
24	8,092	3,758	7,512	16,162	7,512	24,240	11,364		
25	8,019	3,707	7,409	16,010	7,409	24,010	11,223		
26	7,946	3,656	7,306	15,858	7,306	23,780	11,082		
27	7,873	3,605	7,203	15,706	7,203	23,550	10,941		
28	7,800	3,554	7,100	15,554	7,100	23,320	10,800		
29	7,727	3,503	6,997	15,402	6,997	23,090	10,659		
30	7,654	3,452	6,894	15,250	6,894	22,860	10,518		
31	7,581	3,401	6,791	15,098	6,791	22,630	10,377		
32	7,508	3,350	6,688	14,946	6,688	22,400	10,236		
33	7,435	3,299	6,585	14,794	6,585	22,170	10,095		
34	7,362	3,248	6,482	14,642	6,482	21,940	9,954		
35	7,289	3,197	6,379	14,490	6,379	21,710	9,813		
36	7,216	3,146	6,276	14,338	6,276	21,480	9,672		
37	7,143	3,095	6,173	14,186	6,173	21,250	9,531		
38	7,070	3,044	6,070	14,034	6,070	21,020	9,390		
39	7,000	3,000	5,970	13,882	5,970	20,790	9,250		
40	6,930	2,955	5,870	13,730	5,870	20,560	9,110		
41	6,860	2,910	5,770	13,578	5,770	20,330	8,970		
42	6,790	2,865	5,670	13,426	5,670	20,100	8,830		
43	6,720	2,820	5,570	13,274	5,570	19,870	8,690		
44	6,650	2,775	5,470	13,122	5,470	19,640	8,550		
45	6,580	2,730	5,370	12,970	5,370	19,410	8,410		
46	6,510	2,685	5,270	12,818	5,270	19,180	8,270		
47	6,440	2,640	5,170	12,666	5,170	18,950	8,130		
48	6,370	2,595	5,070	12,514	5,070	18,720	7,990		
49	6,300	2,550	4,970	12,362	4,970	18,490	7,850		
50	6,230	2,505	4,870	12,210	4,870	18,260	7,710		

\* The guaranteed interest rate is 3.75%. \*\* For ages 56+, values shown represent 10th year values. \* Surrender value will be reduced by any outstanding loans.

\* The maximum face amount for an employee and spouse varies by account and plan design.

\* Paid up at Age 70 is only available for employee and spouse ages 15-50.

\* The cost of the child term rider is \$6.00 annually per \$1,000 of benefit coverage up to a maximum of \$20,000. CTR is not available in WA.

\* By accessing this site, you attest to having completed required Anti-Money Laundering training. Anti-Money Laundering training is located here: <https://www.unum.com/legal/antimoneylaundering>





Provident Life and Accident Insurance Company  
1 Fountain Square • Chattanooga, Tennessee 37402

**APPLICATION FOR INDIVIDUAL VOLUNTARY  
LIFE INSURANCE / LONG TERM CARE INSURANCE**

<b>Product Type:</b>		Employee (Applicant)	Spouse	Child and/or Grandchild*
<input type="checkbox"/> WL <input type="checkbox"/> TERM	<b>New Coverage</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> IUL <input type="checkbox"/> IUL Increase	<b>Addition of Coverage*</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Reinstatement*</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Policy Number _____		Insured's Name _____		

**SECTION 1: EMPLOYEE (APPLICANT) INFORMATION – Always Complete**

Employee Name (First, Middle, Last) _____	Social Security Number _____
Home Address (Street/PO Box) _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M
City _____	Date of Birth (mm/dd/yyyy) _____
State _____ Zip Code _____	_____
Home Phone # _____	Employee ID/Payroll # _____
Are you Actively at Work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a U.S. Citizen or Canadian Citizen working in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," do you have a Green Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name _____	Date of Hire (mm/dd/yyyy) _____
Scheduled Number of Work Hours per Week _____	Annual Salary \$ _____
Occupation _____	Work Phone # _____

**SECTION 2: SPOUSE INFORMATION– Complete Only if applying for Spouse coverage (Policy or Spouse Term Rider)**

Name (First, Middle, Last) _____	Social Security Number _____
Occupation _____	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Does the Spouse live in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (mm/dd/yyyy) _____
Within the past 12 months, has the spouse been admitted to a hospital or missed 5 or more consecutive days of work for any reason other than vacation, colds, flu, pregnancy, accidents, allergies, back or knee disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" and applying for Tier 1 amount, complete Section 5; If "Yes" and applying for Tier 2 amount, complete Sections 5 & 6)	

Employee Name: \_\_\_\_\_  
(Applicant)

Employee SSN: \_\_\_\_\_  
(Applicant)

**SECTION 3: CHILD and/or GRANDCHILD – Complete Only if applying for Child and/or Grandchild Policy (Child/Grandchild Policy not available with TERM)**

**Child/Grandchild #1**

Name (First, Middle, Last) \_\_\_\_\_

Relationship:  Child  Grandchild

Address \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Gender  F  M

Does the Child/Grandchild live in the U.S.?  Yes  No

**Child/Grandchild #2**

Name (First, Middle, Last) \_\_\_\_\_

Relationship:  Child  Grandchild

Address \_\_\_\_\_

SS# \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Gender  F  M

Does the Child/Grandchild live in the U.S.?  Yes  No

**SECTION 4: COVERAGE INFORMATION – To be completed for Employee (Applicant), Spouse, Child and/or Grandchild coverage (Child/Grandchild Policy not available with TERM)**

	<b>Employee (Applicant)</b>	<b>Spouse</b>	<b>Child/Grandchild</b>	
			<b>#1</b>	<b>#2</b>
1. Have you (or any person applying for coverage) used any tobacco products (such as cigarettes, cigars, snuff, dip, chew or pipe) or any nicotine delivery system in the past 12 months? (If Spouse and applying for a TERM Policy, this question is not required)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	N/A
2a. Do you (or any person applying for coverage) have existing individual life insurance or annuity coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Will coverage applied for replace any existing individual life insurance or annuity coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide details requested on the accompanying replacement form, if required.				

Employee Name: \_\_\_\_\_  
(Applicant)

Employee SSN: \_\_\_\_\_  
(Applicant)

**SECTION 4: COVERAGE INFORMATION Continued – To be completed for Employee (Applicant), Spouse, Child and/or Grandchild coverage (Child/Grandchild Policy not available with TERM)**

		<u>Employee</u>	<u>Spouse</u>	<u>Child/Grandchild</u>	
		<u>(Applicant)</u>		<u>#1</u>	<u>#2</u>
3. Plan of Insurance being applied for	WL – Pay All Years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	WL – Pay to Age 70	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If WL, APL?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	IUL/Increase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	TERM	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A

4. Face/Specified Amount      \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 5. Base Policy Premium      \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

	<u>Employee (Applicant)</u>		<u>Spouse</u>	
	<u>Coverage Amount</u>	<u>Premium</u>	<u>Coverage Amount</u>	<u>Premium</u>
<input type="checkbox"/> ADB.....	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Waiver*.....		\$ _____		
<input type="checkbox"/> CTR**.....	# of Units _____	\$ _____	# of Units _____	\$ _____
<input type="checkbox"/> AIR (IUL only).....	\$ _____ For _____ yrs.			
<input type="checkbox"/> LTC***.....		\$ _____		\$ _____
<input type="checkbox"/> BC.....		\$ _____		\$ _____
<input type="checkbox"/> BR.....		\$ _____		\$ _____
<input type="checkbox"/> BC/BR.....		\$ _____		\$ _____
<input type="checkbox"/> Spouse Term Rider.....	\$ _____	\$ _____		
<input type="checkbox"/> Level Term Rider.....	\$ _____	\$ _____		
<input type="checkbox"/> Chronic Care Rider.....		\$ _____		\$ _____

7. Total Premium for Riders      \$ \_\_\_\_\_ \$ \_\_\_\_\_

8. Total Premium for Base Policy and Riders (Provide sum for #5 and #7 for each applicant)

Employee (Applicant)      \$ \_\_\_\_\_  
 Spouse      \$ \_\_\_\_\_  
 Child/Grandchild #1      \$ \_\_\_\_\_  
 Child/Grandchild #2      \$ \_\_\_\_\_  
 Combined Total for All Applicants      \$ \_\_\_\_\_

9. Payroll Premium Deducted:

Weekly     Bi-Weekly     Semi-Monthly     Monthly     Other \_\_\_\_\_

TOTAL PAYROLL PREMIUM: ..... \$ \_\_\_\_\_

\* IUL – Waiver of Monthly Deduction  
 WL and TERM – Waiver of Premium

\*\* CTR cannot be on both the  
 Employee and Spouse Policies

\*\*\* LTC not available with  
 Chronic Care Rider

Employee Name: \_\_\_\_\_  
(Applicant)

Employee SSN: \_\_\_\_\_  
(Applicant)

**SECTION 4: COVERAGE INFORMATION Continued**

**BENEFICIARY INFORMATION – Employee (Applicant)**

Primary Beneficiary:

Name (First, Middle, Last) \_\_\_\_\_ Relationship to You \_\_\_\_\_  
Address \_\_\_\_\_ SS# \_\_\_\_\_ Telephone \_\_\_\_\_ DOB \_\_\_\_\_

Contingent Beneficiary:

Name (First, Middle, Last) \_\_\_\_\_ Relationship to You \_\_\_\_\_  
Address \_\_\_\_\_ SS# \_\_\_\_\_ Telephone \_\_\_\_\_ DOB \_\_\_\_\_

**BENEFICIARY INFORMATION – Spouse**

Primary Beneficiary:

Name (First, Middle, Last) \_\_\_\_\_ Relationship to You \_\_\_\_\_  
Address \_\_\_\_\_ SS# \_\_\_\_\_ Telephone \_\_\_\_\_ DOB \_\_\_\_\_

Contingent Beneficiary:

Name (First, Middle, Last) \_\_\_\_\_ Relationship to You \_\_\_\_\_  
Address \_\_\_\_\_ SS# \_\_\_\_\_ Telephone \_\_\_\_\_ DOB \_\_\_\_\_

**BENEFICIARY INFORMATION – Child/Grandchild #1**

Primary Beneficiary:

Name (First, Middle, Last) \_\_\_\_\_ Relationship to You \_\_\_\_\_  
Address \_\_\_\_\_ SS# \_\_\_\_\_ Telephone \_\_\_\_\_ DOB \_\_\_\_\_

Contingent Beneficiary:

Name (First, Middle, Last) \_\_\_\_\_ Relationship to You \_\_\_\_\_  
Address \_\_\_\_\_ SS# \_\_\_\_\_ Telephone \_\_\_\_\_ DOB \_\_\_\_\_

**BENEFICIARY INFORMATION – Child/Grandchild #2**

Primary Beneficiary:

Name (First, Middle, Last) \_\_\_\_\_ Relationship to You \_\_\_\_\_  
Address \_\_\_\_\_ SS# \_\_\_\_\_ Telephone \_\_\_\_\_ DOB \_\_\_\_\_

Contingent Beneficiary:

Name (First, Middle, Last) \_\_\_\_\_ Relationship to You \_\_\_\_\_  
Address \_\_\_\_\_ SS# \_\_\_\_\_ Telephone \_\_\_\_\_ DOB \_\_\_\_\_

**Protection against unintended lapse.** I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this policy for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.

Name \_\_\_\_\_

Address \_\_\_\_\_

I elect NOT to designate a person to receive this notice.

Employee Name: \_\_\_\_\_  
 (Applicant)

Employee SSN: \_\_\_\_\_  
 (Applicant)

SECTION 5: TIER 1 MEDICAL PROFILE – Complete as required for all underwritten coverage (Child/Grandchild Policy not available with TERM)	Employee (Applicant)	Spouse	Child/Grandchild	
			#1	#2
1. Have you (or any person applying for coverage) tested positive for the Human Immunodeficiency Virus (HIV) or its antibodies, or been diagnosed with or received treatment by a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Within the past 12 months, have you (or any person applying for coverage) been admitted to a hospital or missed 5 or more consecutive days of work for any reason other than vacation, colds, flu, pregnancy, accidents, allergies, back or knee disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the Child or Grandchild applicant ever been diagnosed with or treated by a member of the medical profession for Down’s syndrome, cerebral palsy, muscular dystrophy or cystic fibrosis?	N/A	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Name: \_\_\_\_\_  
 (Applicant)

Employee SSN: \_\_\_\_\_  
 (Applicant)

SECTION 6: TIER 2 MEDICAL PROFILE – Complete if additional underwriting is required	Employee (Applicant)	Spouse
1. Provide height and weight	____ ft. ____ in.  ____ lbs.	____ ft. ____ in.  ____ lbs.
2. Have you (or any person applying for coverage) ever been diagnosed by or received medical advice from a member of the medical profession, sought treatment including surgery, or taken medication for any of the following:  <ul style="list-style-type: none"> <li>- Cirrhosis of the liver or hepatitis (excluding hepatitis A)</li> <li>- Kidney disease or failure (excluding kidney stones, sponge, horseshoe or ectopic kidney and kidney removal due to trauma)</li> <li>- Atrial fibrillation, angina, heart attack, coronary artery disease or surgery on the heart or heart valve(s)</li> <li>- Congestive heart failure or cardiomyopathy</li> <li>- Stroke or transient ischemic attack (TIA)</li> <li>- Peripheral Vascular Disease</li> <li>- Cancer (excluding basal cell carcinoma)</li> <li>- Any condition requiring an organ transplant (excluding corneal)</li> <li>- Diabetes (excluding gestational or diet controlled)</li> <li>- Chronic obstructive pulmonary disease (COPD), emphysema or chronic lung disease (excluding asthma)</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 5 years, have you (or any person applying for coverage) been diagnosed by or received medical advice from a member of the medical profession, sought treatment including surgery, or taken medication for any of the following:  <ul style="list-style-type: none"> <li>- Multiple sclerosis, muscular dystrophy or Parkinson's disease, amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease) or Huntington's disease</li> <li>- Schizophrenia, psychosis, bipolar disorder or post traumatic stress disorder</li> <li>- Crohn's disease or ulcerative colitis</li> <li>- Systemic lupus or any connective tissue disease</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the past 2 years, have you (or any person applying for coverage):  <ul style="list-style-type: none"> <li>- Pled guilty or no contest or been convicted of a felony or misdemeanor</li> <li>- Ever pled guilty to or been convicted of operating a motor vehicle under the influence of drugs and/or alcohol</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Name: \_\_\_\_\_  
(Applicant)

Employee SSN: \_\_\_\_\_  
(Applicant)

<b>SECTION 7: LONG TERM CARE RIDER – Complete Only if applying for LTC Rider</b>	<b>Employee (Applicant)</b>	<b>Spouse</b>
1. Do you (or any person applying for coverage) have another long term care insurance policy in force, including health care service contract, or health maintenance organization contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Did you (or any person applying for coverage) have another long term care insurance policy in force during the past 12 months? If "Yes," with which company:  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If it has lapsed, when did it lapse?  _____		
3. Are you (or any person applying for coverage) covered by Medicaid (not Medicare)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do you (or any person applying for coverage) intend to replace any long term care, medical, or health coverage with this rider? If "Yes," type of coverage:  Name of Company  _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employee Name: \_\_\_\_\_  
(Applicant)

Employee SSN: \_\_\_\_\_  
(Applicant)

**SECTION 8: EMPLOYEE (APPLICANT) AGREES AS FOLLOWS:**

The effective date of coverage issued based on this application is subject to: (1) the application being acceptable under the rules, limits and standards of Provident Life and Accident Insurance Company (hereafter called "Unum"); and (2) the insurance is, or would have been, issued as applied for. (If not issued as applied for, then as modified.) The effective date of coverage will be stated in your policy. This date will be: (1) no earlier than the date the application is signed; and (2) no later than the date: (a) payroll deductions begin; or (b) premiums are collected for non-payroll deducted policies.

If applying for any Long Term Care rider, I have received the following items, as applicable: (1) Outline of Coverage, (2) Things You Should Know Before You Buy Long-Term Care Insurance; and (3) Potential Rate Increase Disclosure Form. No benefits are payable for the first 90 days of a Benefit Period under any Long Term Care rider for which I may be applying.

Any child proposed for Children's Term Insurance must be dependent on me for at least 50% of his/her support to be covered for benefits.

My employer is authorized to deduct the premiums for this insurance from my earnings. This authorization is given unless an alternate method to pay insurance premium is allowed. I am the owner of any coverage issued under this application.

I have read this application. The answers and statements above are true and complete to the best of my knowledge and belief. These answers and statements are the basis for any policy issued. No information about the applicant will be considered to have been given to Unum unless it is stated in the application.

**CAUTION:** Unum relies on the information provided to evaluate this application. If the answers provided are incorrect or untrue, Unum may deny benefits or rescind insurance. Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Dated \_\_\_\_\_ at \_\_\_\_\_  
(Month/Day/Year) (City, State)

<b>Employee (Applicant) Signature</b>
<b>Child Signature (if applicable for age of majority and older)</b>

<b>Spouse Signature (if applicable)</b>
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Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries. The insurance product is underwritten by Provident Life and Accident Insurance Company.

**PRODUCER STATEMENTS:** (1) Do you have any knowledge or reason to believe that the applicant has any existing individual life insurance, long term care insurance or annuity coverage?  Yes  No (2) Do you have knowledge or reason to believe that the proposed insurance is intended to replace any existing individual life insurance, long term care insurance or annuity coverage?  Yes  No (3) To the best of your knowledge and belief, the above statements and answers are complete and true.

Dated \_\_\_\_\_  
(Month/Day/Year)

Producer's License No. \_\_\_\_\_

Printed Name of Producer \_\_\_\_\_

<b>Licensed Producer's Signature</b>
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<b>For Home Office Use Only</b>
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**Policy Number:** \_\_\_\_\_

Employee (Applicant) \_\_\_\_\_

Spouse \_\_\_\_\_

Child/Grandchild #1 \_\_\_\_\_

Child/Grandchild #2 \_\_\_\_\_