

# Unum Basic Life Insurance

## GROUP LIFE INSURANCE ENROLLMENT CARD

**(Must Elect Basic Life In Order to Elect Term Life)**

Employee Name      Last, First MI				
Employee Address				
Social Security No.	Date Of Birth	Date Employed	Married Single Widowed Divorced	Male Female
Please mark the appropriate box				
<input type="checkbox"/> One Time Basic Annual Earnings..... Annual Earnings \$ _____ <input type="checkbox"/> I waive coverage at this time				
<b>Beneficiary Information – Please print</b>				
<b>Last Name, First MI</b>		<b>PRIMARY</b> _____	<b>CONTINGENT</b> _____	
<i>Relationship To Employee</i>				
<b>Last Name, First MI</b>		<b>PRIMARY</b> _____	<b>CONTINGENT</b> _____	
<i>Relationship To Employee</i>				
<p>If more than one beneficiary is designated, settlement will be made in equal shares to the designated beneficiaries (or beneficiary) who are then still living unless their shares are specified. If no designated beneficiary survives the insured, settlement will be made to the estate of the insured, unless otherwise provided in the Group Policy.</p>				
<p>I request to elect the coverage noted above for which I am or may become eligible, and I authorize payroll deductions of the required contributions (if applicable). If I do not enroll for coverage within 31 days of my date of hire or within any specified enrollment period, I understand that I will need to provide proof of good health for all coverage amounts. I certify that information contained in this form is complete and accurate to the best of my knowledge and belief.</p>				
Signature _____				
Date (Month, Day, Year) _____				
<b>Office Use Only</b>				
Group No. _____				
Effective Date _____				
Company Name: Pinnacle Corporation/ _____				

**ALL ENROLLEES: PLEASE COMPLETE AND RETURN THIS FORM FOR BENEFICIARY UPDATE**