CLIENT INFORMATION
Unum Life Insurance Company of America
2211 Congress Street
Portland, Maine 04122

This information initiates Unum processing that ultimately produces your contract, employee booklets, and bills. We thank you for completing this information accurately and promptly returning it.

SECTION 1: Company information

Company Legal Name *(Please use punctuation and any abbreviations that apply)*

Employer Main Phone Number

Address

Employer Identification Number (EIN):

City

State/Province

State/Province of Jurisdiction (where corporate headquarters is located)

Zip/Postal Code

Country

Nature of Business (please specify):

Number of Years in Business

Are U.S. employees in other states or countries covered?
☐ Yes ☐ No
(If Yes, List employees by state and country on census)

Are foreign nationals covered under this plan?
☐ Yes ☐ No
(If Yes, List employees by state and country on census)

Does the company participate in a Workers' Comp/PERA/PERS Program?
☐ Yes ☐ No

Are other divisions, subsidiaries, or affiliates covered under this plan?
☐ Yes ☐ No (If Yes, attach name, address, relationship and nature of business)

Does the company have employees working in locations other than the city/state where the Master application was signed? ☐ Yes ☐ No

Are employees in these other locations to be covered by this policy?
☐ Yes ☐ No

If you answered "Yes" to the last two questions, complete the final page of this form, "Important Company Location Information."

SECTION 2: Type of Organization

☐ Regular C-Corporation (1120)
☐ Subchapter S-Corporation (1120S)
☐ Partnership (1065)
☐ Limited Liability Company (1065)*
☐ Limited Liability Partnership (1065)*
*Indicate IRS tax form filed if not 1065 ________________

☐ Sole Proprietorship (1040, Schedule C)
☐ Trust
☐ School or Municipality
☐ Association
☐ Union

☐ Government Organization
☐ Non-Profit Organization (990)
☐ Other (Please Specify)
____

SECTION 3: ERISA Information

Plan Name

Plan Number

Plan Year Ends

Employer Phone Number

SECTION 4: Contacts

Decision-maker for company's employee benefits	Telephone Number
E-mail Address	Fax Number
Plan Administrator/Correspondent Name *(if different than above)*	Telephone Number
E-mail Address	Fax Number
Claims Contact *(if different than above)*	Telephone Number
E-mail Address	Fax Number
Billing Contact *(if different than above)*	Telephone Number
E-mail Address	Fax Number

Does your Company utilize a Third Party Administrator?
☐ Yes ☐ No

Third Party Administrator's Name	Telephone Number
E-mail Address	Fax Number

SECTION 5: Eligibility Information

Description of eligible employees	Number of eligible employees

Minimum number of hours the employee must work to be covered

Are any employees excluded?
☐ Yes ☐ No If Yes, who?

Is there anyone not actively at work?
☐ Yes ☐ No If Yes, who?

Is Board of Directors included? ☐ Yes ☐ No

Canadian Employees:
Does the company employ residents of Canada?
☐ Yes ☐ No

If Yes, are the employees covered under this plan?
☐ Yes ☐ No

Waiting Period: Present Employees:
Are all current employees covered as of the effective date?
☐ Yes ☐ No

If no, do they have the same waiting period as future hires?
☐ Yes ☐ No

Waiting Period: Future Employees:
1st of the month coinciding with or next following:
☐ ___ day(s) of active employment OR
☐ ___ month(s) of active employment

The day following completion of:
☐ ___ day(s) of active employment OR
☐ ___ month(s) of active employment

Payroll billed cases only — First pay period following:
☐ ___ day(s) of active employment OR
☐ ___ month(s) of active employment

☐ No Waiting Period
☐ Other, please specify
____

Credit Prior Service: If not all employees are being covered, does prior service apply? ☐ Yes ☐ No
If policyholder wants to credit time in an eligible or ineligible class toward meeting the waiting period, select Yes.

Terminated Employees Terminate Coverage On: (For Long Term Care coverage only)
☐ Termination Date ☐ End of Month ☐ End of Payroll Period (if payroll billing selected)

Domestic Partner (Life coverage requires Underwriting approval) ☐ Yes ☐ No

SECTION 6: Contributions - Check one of the following and complete the applicable questions.

☐ Your company (the employer) pays 100% of the plan premiums
Are Owners covered under the plan? .... ☐ Yes ☐ No

☐ Your employees pay 100% of the plan premiums

Are employee-paid premiums paid through a Section 125 plan? (Not applicable for LTC) .... ☐ Yes ☐ No

☐ Both the employer and the employee share the funding of the plan premiums

Indicate percentage of the contribution paid by the employer: ______ %

☐ Your company (the employer) funds base plan with employee buy-ups. Are employee-paid premiums through a Section 125 plan? (Not applicable for LTC).. ☐ Yes ☐ No

Indicate percentage of the contribution paid by the employer: ______ % for employee coverage
______ % for dependent coverage

☐ Is participation mandatory?... ☐ Yes ☐ No
If No, have participation requirements been met? .... ☐ Yes ☐ No

The following questions are not applicable for Life/AD&D, Long Term Care and Select Income Protection

Does your company's (the employer's) **disability plan** provide for the choice between having premiums paid on a fully pre-tax or fully post-tax basis at the election of the employee or the employer? **Note:** An additional cost may be associated with these options.. ☐ Yes ☐ No

If yes, check one of the following premium funding arrangements which describes the tax choice plan design that your company (the employer) has selected:

☐ The Employer pays 100% of the premium and includes this contribution in the Employee's taxable income (i.e. mandatory "gross up").

☐ The Employer pays 100% of the premium and each Employee is offered the choice of whether to have premium included in the Employee's taxable income (i.e. elective "gross up").

☐ The Employee pays 100% of the premium and each Employee is offered the choice of whether to have premium deducted on a pre-tax basis (inside a Section 125 plan) or on a post-tax basis.

☐ The Employer has a base/buy-up plan where the Employer and the Employee share in the funding of the plan that offers a choice of having premium paid on a fully pre-tax basis or a fully post-tax basis.

☐ Other. Please describe ____

☐ Does the tax choice plan design apply to all employees or a class of employees? Please explain.

____

SECTION 7: Insured Earnings Definition

(please complete thoroughly as benefits and premiums will be based on this information): (Not Applicable for LTC)

- ☐ Salary Only
- ☐ W-2 Earnings Calendar Year
- ☐ W-2 Earnings Without Bonuses
- ☐ Salary & Bonuses*
- ☐ Salary & Commissions
- ☐ Salary, Commissions & Bonuses
- ☐ Salary & Overtime
- ☐ Partners - Prior Year K-1
- ☐ Subchapter S Corporation
- ☐ Sole Proprietorship
- ☐ Teachers Contract (1/12th of annual contract salary)
- ☐ Teachers Contract (1/9th or 1/10th of contract salary)
- ☐ Other Insured Earnings Definition (please specify) ______________________

Do earnings reported as salary include contributions to a Qualified Deferred Compensation plan? .... ☐ Yes ☐ No

Do earnings reported as salary include contributions to a Section 125 Plan or Flexible spending account? . ☐ Yes ☐ No

If earnings differ by employee group(s), class(es), or division(s), please specify differences below:

***Bonus Questionnaire:** *(only complete this section if the plan's Insured Earnings Definition includes bonuses)*

Is bonus based on a pre-determined formula? .... ☐ Yes ☐ No

If Yes, is the formula/payment of the bonus based on:

- ☐ Company performance (describe criteria)
- ☐ Individual performance (describe criteria)
- ☐ A combination of individual & company performance (describe criteria)

Criteria: ______________________________________

Indicate the percentage of each: ___% individual performance ___% company performance

How long has the bonus plan been in effect? ______________________

How many times has the bonus been paid?______________________

Does the company plan to continue the bonus plan indefinitely? .... ☐ Yes ☐ No

Who is eligible for the bonus? ______________________

Are disabled employees eligible for the bonus?... ☐ Yes ☐ No

If Yes, are they eligible only in the year in which they last worked? .... ☐ Yes ☐ No

If No, please explain______________________

SECTION 8: Prior Plan Information

Does this plan replace other coverage?... ☐ Yes ☐ No

If so, attach a copy of the prior plan's contract or employee booklet and complete the following:

Coverage	Effective Date	Termination Date	Prior Carrier Name
Long Term Disability			
Short Term Disability			
Life (and/or Life AD&D)			
Long Term Care			

SECTION 9: STD

For STD Only: *(Not applicable for LTC)*

To whom are STD benefits check payable? .... ☐ Employee ☐ Employer

STD FICA Match: *(there is an additional cost for this service)* .... ☐ Yes ☐ No

Effective Date ______

Statutory Coverage:

Please indicate if the company has employees who work in any of the following states.*

- ☐New York
- ☐Hawaii
- ☐Rhode Island
- ☐New Jersey
- ☐California
- ☐Puerto Rico

If so, are these employees covered under this plan?... ☐ Yes ☐ No

If yes, are these employees covered under the Statutory plan? .... ☐ Yes ☐ No

*The states listed above have special requirements for disability coverage which your Unum contract may not satisfy.

SECTION 10: Administration and Billing

Internet Administration and Billing:

Please Note: Unum's standard method of delivery of the premium statement is through your employer internet services site which includes online premium statements, online employee changes, evidence of insurability reporting, forms, brochures, and your plan administrator's guide.

Minimum System Requirements:

- Internet Access
- Windows Operating System, version 95 or higher
- Internet Explorer browser version 6.0 or higher or Netscape browser version 8.0 or higher

Billing Type:

☐ List Bill ☐ Self Accounting

Billing Mode:

☐ Monthly ☐ Other

Payment Options:

☐ Check via mail ☐ Electronic Authorization ☐ Recurring Automatic Debit

Plan Administrator and Billing Contacts (listed on page 1) will automatically receive access to these services and will have the capability of registering additional users for access to the company's security information.

Payroll Deduction Information Needed by ________ **(Unum needs 30 days to code enrollments)**

Do you want your billing cycle to match your payroll cycle?... ☐ Yes ☐ No
(Note that if the product is Select Income and includes base/buyup, payroll billing is not available)

Payroll Cycle:

☐ Monthly (12 pay cycles/year)
☐ Semi-monthly (24 pay cycles/year)
☐ Bi-weekly (26 pay cycles/year)
☐ Weekly (52 pay cycles/year)

SECTION 11: Employee Booklets

Note: Employee booklets are provided to you via employer internet services site or via e-mail. This enables you to distribute the booklets to your employees via e-mail or from your company's intranet site, so long as you can comply with the Department of Labor's electronic delivery requirements. If none of the above distribution options meet your needs, please contact your Unum representative.

SECTION 12: Acknowledgment

Effective Date for Unum Plan	Anniversary Date for Unum Plan

Please Confirm Sold Rate(s)

STD	LTD	Life
AD&D	Dependent Life	LTC

Your Name	Date

Signature

SECTION 13: Important Company Location Information

Company location information is imperative. If the company has locations in cities/states other than where the Master Application was signed and these locations are covered by the policy, complete the following in detail.

1) (Main situs) Company Name

Address

Relationship & Nature of Business

2) Company Name

Address

Relationship & Nature of Business

3) Company Name

Address

Relationship & Nature of Business

4) Company Name

Address

Relationship & Nature of Business

If there are more than four locations to be covered, please continue on another sheet. List the same information as requested above. Locations within the same state but not at the same address must be noted separately.

Once you have listed all locations to be covered by this policy, indicate on your census which employees work at which location, using the numbers relevant to each location's information. **See this example of Company Location and Census Coding:**

1) (Main situs)
Company Name: Excellent Ice Cream Company
Address: 999 Central Road, Someplace, New Jersey 07000
Nature of Business: Food Processing

2) (Second Location in another state)
Company Name: Excellent Ice Cream Delivery
Address: 222 Ice Cream Lane, Someplace, Delaware 19700
Nature of Business: Trucking/No Warehousing

3) (Third Location also in same state as second location, but at a different address)
Company Name: Excellent Ice Cream Packaging
Address: 444 Dairy Road, Someplace Else, Delaware 19701
Nature of Business: Food Product Packaging

LAST NAME	FIRST NAME	GENDER	SSN	OCCUPATION	DOB	DOH	ANN SAL	HRS/WK	LOC #
Doe	John	M	999-99-9999	President	07/09/1956	01/01/1986	75000	40	1
Doe	Jane	F	888-88-8888	Vice President	01/02/1964	01/01/1986	50000	40	2
Fox	James	M	777-77-7777	Truck Driver	08/03/1963	01/01/1985	40000	40	2
Employee	Joe	M	666-66-6666	Packer	06/22/1970	01/01/1999	30000	40	3

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