University System of Maryland
Term Life and LTD Enrollment Form

Policy:
Life 115327
LTD 510162

Please print or type all information in BLACK INK for electronic imaging.

Payroll System: ☐ Regular ☐ University of Maryland Agency Code: ☐ ☐ ☐ ☐ ☐ ☐
(See your pay stub for this information)

Social Security #: __ __ __ - __ __ - __ __ __ __ Employee Name: ______________________________

Action Requested:

Term Life		LTD
❒ New	❒Employee	❒Employee
❒ Change	❒ Spouse	❒ New
❒ Cancel	❒ Child	❒ Change
		❒ Cancel

Benefits Coordinator Signature: Date:
________________________ _________

Campus Location *(check one)*:

❒ BSU (15)	❒ CSU (13)	❒ FSU (24)
❒ SU (21)	❒ TU (19)	❒ UB (17)
❒ UMB (12)	❒ UMBC (22)	❒ UMBI (16)
❒ UMCES (25)	❒ UMCP (11)	❒ UMES (14)
❒ UMUC (MD location only 18)		❒USMO (23)
❒ UMUC/Eur (4)		❒ UMUC/Asia (5)

Contract Employee Dates: _______________

❒ Payroll Deduction ❒ Direct Bill (*only applies to Contract Employees)*

Home Address: ___________________________________

City, State, Zip: ___________________________________

Campus Dept. / Room #: ___________________________

Salary: ____________________

Date of Birth: ___________________

Date of Hire: ____________________

Gender: ❒ Male ❒ Female

Term Life Insurance

Spouse Information: *(complete only if spouse coverage is elected)*

Name: ___________________________ DOB: __ __ / __ __ / __ __ __ __ Social Security __ __ __ - __ __ - __ __ __ __

Coverage Elections: *Note: If you choose an amount over the Guarantee Issue limit for you (any amount over $50,000) or your spouse (any amount over $20,000),or if you do not apply when you are first eligible, you will need to complete an Evidence of Insurability form. The amount of coverage over your Guarantee Issue amount will be subject to medical underwriting approval and will become effective on the first of the month coincident with or next following the date Unum approves your Evidence of Insurability form.* ***If your election requires Evidence of Insurability, an application will be mailed to your home.***

Employee Coverage Amount: $__________________
$10,000 increments (minimum coverage $10,000; maximum coverage the lesser of 6x's earnings or $750,000)

Spouse Coverage Amount: $___________
$10,000 increments (minimum coverage $10,000; maximum coverage can not exceed the lesser of 100% of employees coverage or the plan maximum of $150,000)

Child Coverage Amount: ❒ $5,000 ❒ $10,000

Long Term Disability

Elimination Period: _____ 90days _____365 days

Coverage Elections: *Note: If you do not apply when you are first eligible or if you later change to the 90 day plan, you will need to complete an Evidence of Insurability form and will become effective on the date that Unum approves your Evidence of Insurability form.* ***If your election requires Evidence of Insurability, an application will be mailed to your home.***

❒ **Yes**, I authorize the deduction for the Employee LTD, Employee Life, and Spouse/Children Life (if elected) insurance premium from my earnings, and understand these premiums can be changed in accordance with the plan. I verify that the information provided on this sheet is accurate. I understand that I must be actively at work on both the enrollment and effective dates for any coverage to be effective; and that the plan does not cover any losses where death is caused by, contributed by, or results from suicide occurring within 24 months after my or my dependent's original effective date and/or after the date any additional insurance becomes effective for me or my dependents.

Employee Signature: ___________________________________ Date: __ __ / __ __ / __ __ __ __

Instructions: Complete personal information on the front of this form. Please mail to the address noted below or fax to the number noted below. For your enrollment to be valid, you must sign and date the form. Please be advised it may take up to 30 days to process the enrollment.

If you have any questions, please call the Unum Service Center toll-free at 1-866-762-8705.

Unum
NA Administrative Services – B136
2211 Congress Street
Portland, ME 04122-0001

Or Fax to: 207-575-0745