

# UNUM - \$25K TERM LIFE

**UNUM basic life is mandatory to employees enrolled in the district's medical benefits.**

## Beneficiary Information

- Primary Beneficiary (ies) means the person(s) you choose to receive your life insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary (ies).
- Contingent Beneficiary (ies) means the person(s) you choose to receive your life insurance benefits only if all primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary, these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary (ies).
- Minor Beneficiary (ies) -When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a court appointed guardian of the child's estate. The regulations governing minor beneficiaries vary by state.
- Trust -You may designate a valid trust as a beneficiary.

## Types of Coverage Information

- Basic Life is life insurance provided by your employer for which they pay the premiums.
- Supplemental Life is life insurance elected by you for which you pay the premiums.
- AD&D is Accidental Death & Dismemberment coverage.
- If you wish to designate different beneficiaries for any of the above coverages. please complete a separate form.

## General Information

- Updates to Your Beneficiary Designation -You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- Consult an Attorney-This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.

## Premiums and Benefits Information

- If you reach age 70, but not 75, your amount of life insurance will be 65% of the amount of life insurance you had prior to age 70.
- If you have reached age 75 or more, your amount of life insurance will be 50% of the amount of life insurance you had prior to your first age reduction.

Premiums and benefits change as follow:

AGE	PREMIUM/CHECK	BENEFIT
Up to 69	\$2.25	\$25,000.00
Up to 74	\$1.46	\$16,250.00
75 and over	\$1.13	\$12,500.00

# Group Enrollment Form



**BENEFICIARY DESIGNATION FORM  
GROUP LIFE AND GROUP ACCIDENTAL DEATH  
& DISMEMBERMENT INSURANCE**  
Unum Life Insurance Company of America  
Provident Life and Accident Insurance Company  
The Paul Revere Life Insurance Company

25,000 @ \$2.25/check  
70+ 16,250 @ 1.49/check

**Instructions:** Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper. **Return the completed form to your employer.**

**SECTION 1: Employee Information**

Name (Last Name, Suffix, First Name, MI)		Social Security Number
Policy Number(s) <b>0628700</b>	Division Number(s) <b>001</b>	
Employer Name Crosby Independent School District	Check the coverages listed below to which this beneficiary designation applies: <input checked="" type="checkbox"/> Basic Life	

**SECTION 2: Primary Beneficiary (ies)**

I choose the person(s) named below to be the primary beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
<b>Total Must Equal 100%</b>				

**SECTION 3: Contingent Beneficiary (ies)**

If all primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).

Name & Address	Relationship	Social Security Number	Date of Birth	Percentage
<b>Total Must Equal 100%</b>				

**SECTION 4: Signature**

**X** \_\_\_\_\_  
Employee Signature Date

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