

CRITICAL ILLNESS INSURANCE ENROLLMENT FORM

Life Insurance Company of North America (LINA)
a Cigna Company (herein called the Insurance Company)

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|--|
| Cigna use only |
| <input type="checkbox"/> New Hire |
| <input type="checkbox"/> Initial Enroll |
| <input type="checkbox"/> Late Entrant |
| <input type="checkbox"/> Life Status Chg |
| <input type="checkbox"/> Enroll Event |
| <input type="checkbox"/> Reinstatement |

For customer service for Critical Illness Insurance, call 800.754.3207

- The applicant, and Spouse if coverage is requested, must sign and date this form.
- This form cannot be considered unless received within 30 days of the date it is dated.
- The Insurance Company must approve your request for insurance before it becomes effective.
- All information must be completed by the applicant, and Spouse if the coverage is requested

Important: Please enter all dates in mm/dd/yyyy format. Please print (preferably in black ink)

EMPLOYER	CALHOUN COUNTY	Policy	CI960191
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EMPLOYEE SECTION

Mr. Mrs. Ms. (Check one) Name: (First) _____ (Last) _____ (MI) _____
 Address _____ Apt. # _____ City _____ State _____ Zip _____
 Day Phone _____ Evening Phone _____ Social Security # _____ Date of Birth _____
 ID # _____ Class _____ Occupation _____ Location _____ Date of Hire _____

COMPLETE IF ELECTING SPOUSE COVERAGE

I am currently married and my date of marriage is _____
 Name: (First) _____ (Last) _____ (MI) _____ Social Security # _____ Date of Birth _____

CRITICAL ILLNESS INSURANCE POLICY NO. CI960191

If you are already enrolled in coverage under the UNUM plan, your coverage will be automatically rolled over. You do not need to complete an enrollment form unless you want to increase your coverage amount.

I am electing the following Voluntary Benefit coverage (employee-paid):

Amount Requested – Please include the amount of coverage you are requesting. (check only one amount)

	Accept		Guaranteed Issue Amount*
Employee	<input type="checkbox"/>	<input type="checkbox"/> \$ <u>5,000</u> <input type="checkbox"/> \$ <u>10,000</u> <input type="checkbox"/> \$ <u>20,000</u>	\$ <u>20,000</u>
Spouse	<input type="checkbox"/>	Benefit amount is 50% of issued employee-paid benefit amount (excluding Basic Benefit)	10,000
Child(ren)	<input type="checkbox"/>	Benefit amount is 25% of issued employee-paid benefit amount (excluding Basic Benefit)	**
		Number of children; <input type="checkbox"/> One or <input type="checkbox"/> Two or more	

* Guaranteed Issue Amount is only available during Initial Enrollment and at such other times as identified and outlined in offering materials
Amounts of insurance may be limited by state law.

** All benefit amounts for child(ren) are Guaranteed Issue.

You must read and sign the form on the next page that follows.

