



Underwritten by:
 Unum Life Insurance Company of America
 LTC Department
 2211 Congress Street, Portland, Maine 04122

NAVY FEDERAL CREDIT UNION
Benefit Election Form
Long Term Care - Policy #583316

Your Name: (Last Name, First, Middle Initial)		Social Security Number	Date of Birth (MM/DD/YYYY)
Street Address		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Hire (MM/DD/YYYY)
City, State, Zip Code		Home Telephone # ()	Work Telephone # ()
Complete the following only if applicant is not the employee			
Employee's Name	Employee Social Security No.	Employee Date of Birth	Employee Date of Hire

Applicant Is: (This Benefit Election Form must be completed for any selection)

<input type="checkbox"/> Employee	<input type="checkbox"/> Employee's Parent or Grandparent	<input type="checkbox"/> Sibling (minimum age 18)	<input type="checkbox"/> Retiree
<input type="checkbox"/> Employee's Spouse	<input type="checkbox"/> Spouse's Parent or Grandparent	<input type="checkbox"/> Child (minimum age 18)	<input type="checkbox"/> Retiree's Spouse

(Check one)	Plans			
	<input type="checkbox"/> Plan 1	<input type="checkbox"/> Plan 2	<input type="checkbox"/> Plan 3	<input type="checkbox"/> Plan 4
	<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home Care 	<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home Care • Total Home Care 	<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home Care • Compound Inflation 	<ul style="list-style-type: none"> • Long Term Care Facility • Professional Home Care • Total Home Care • Compound Inflation
(Check one)	Facility Monthly Benefit Amount			
	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000	<input type="checkbox"/> \$5,000
(Check one)	Facility Benefit Duration (Duration of benefits may vary depending on where benefits are received.)			
	<input type="checkbox"/> 2 Years	<input type="checkbox"/> 4 Years	<input type="checkbox"/> 6 Years	

NOTE TO EMPLOYEES: All Active Employees & Newly Hired Employees – who enroll after the Guarantee Issue enrollment period will be required to fill out a medical questionnaire. **ALL OTHER APPLICANTS** must complete this Benefit Election Form and the Long Term Care Insurance Application (medical questionnaire) for any selection. **ALL** Medical Questionnaires must accompany a signed Authorization to Request Medical Information Form #6720-03 located in the enrollment kit.

NOTE: I have reviewed the Outline of Coverage and the graphs that compare the benefits and premiums of this insurance with and without the Uncapped Compound Growth Inflation Protection Option and I accept / reject this option.

If you are an Active Employee or Spouse your premium will be paid through the employee's payroll deduction, please sign below. Employee must sign below to authorize the employer to make the payroll deduction. All other eligible family members or retirees will be billed directly by the insurance company.

Family Members or Retirees, how would you like to be billed? Quarterly Semi-Annually Annually

Caution: if your answers on this Enrollment Form are incorrect or untrue, we may have the right to deny benefits or rescind your insurance.

By signing below, you signify that you have read and understand that loss of Activities of Daily Living (ADL) or Severe Cognitive Impairment must occur after your effective date of coverage under this Long Term Care plan in order to be covered, and that certain limitations and exclusions apply to your coverage.

All information is contained in your kit.

Your Premium: \$ _____ (Transfer the premium amount from the calculation on the rate sheet.)

_____ Applicant's Signature	/ /	_____ Date	_____ Employee's Signature <i>(Required for Spouse Coverage)</i>	/ /	_____ Date
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Employees & Spouses: Please sign and mail all required signature forms to your employer.
Family Members/Retirees: Please sign and mail all required signature forms to Unum (address at top of page).
 Retain a copy for your records. (L3)

If you have questions about Long Term Care coverage, please call Unum's toll-free number: 1-800-227-4165.