



LONG TERM CARE

Underwritten by:
Unum Life Insurance Company of America
LTC Department - A238
2211 Congress Street, Portland, Maine 04122

KANSAS UNIVERSITY TEACHERS AND EMPLOYEES ASSOCIATION
Benefit Election Form
Long Term Care Policy #520594

Form section for personal information including Name, Social Security Number, Date of Birth, Street Address, Gender, Date of Membership, City, State, Zip Code, Home Telephone #, and Work Telephone #.

Complete the following only if applicant is not the employee

Form section for non-employee information including Employee's Name, Employee Social Security No., Employee Date of Birth, and Employee Date of Membership.

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

Form section for selecting applicant type: Employee, Employee's Parent or Grandparent, Retiree, Employee's Spouse, Spouse's Parent or Grandparent, Retiree's Spouse.

Plans section with a table for Plan 1, Plan 2, Plan 3, and Plan 4, each listing benefits like Long Term Care Facility, Simple Inflation, Professional Home Care, and Total Home Care.

Facility Monthly Benefit Amount section with checkboxes for \$1,000, \$2,000, \$3,000, \$4,000, \$5,000, and \$6,000.

Facility Benefit Duration section with checkboxes for 3 Years, 6 Years, and Unlimited Duration.

* EMPLOYEES: Selection of this option exceeds the Guarantee Issue limits and requires completion of the Long Term Care Insurance Application (medical questionnaire). ALL OTHER APPLICANTS must complete this Benefit Election Form and the Long Term Care Insurance Application (medical questionnaire) for any selection. Note to Employees: All Active Employees & Newly Hired Employees - who enroll after the Guarantee Issue enrollment period or choose benefits over the Guarantee Issue limits will be required to fill out a medical questionnaire.

Large text box containing instructions for premium payment, billing preferences, and a signature line for the applicant and employee.

All applicants, sign and mail all required signature forms to Blue Chip Group/KUTEA, P.O. Box 30296, Kansas City, MO 64112. Retain a copy for your records. (M4)

If you have questions about Long Term Care coverage, please call Blue Chip Group/KUTEA's toll-free number: 1-800-843-5513.