



Unum Life Insurance Company of America  
2211 Congress Street  
Portland, Maine 04122

***THIS FORM IS REQUIRED TO BE COMPLETED AND  
RETURNED BEFORE COVERAGE WILL BE EFFECTIVE***

California regulations require Unum Life Insurance Company of America to provide you with the following forms. Please advise if you have received these forms by signing, dating and returning this form to Unum Life Insurance Company of America.

- **Outline of Coverage**  Yes  No
- **HICAP Notice (Item 13 in the Outline of Coverage)**  Yes  No
- **A Consumer’s Guide to Long Term Care**  Yes  No
- **Things You Should Know Before You Buy Long Term Care**  Yes  No
- **Long Term Care Insurance Personal Worksheet**  Yes  No
- **Notice to Applicant Regarding Replacement of Accident and Sickness, Nursing Home or Long Term Care Insurance**  Yes  No

Signed: \_\_\_\_\_  
(Applicant)

\_\_\_\_\_ (Social Security Number)

\_\_\_\_\_ (Please Print Name)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Name of Employer)  
Complete if applying through Employer offer

\_\_\_\_\_ (Group Policy Number, if available)

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