



Underwritten by:

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

Evangelical Free Church of America
 Administered by: **FCMM Benefits & Retirement**
 Mail to: 901 East 78th Street, Minneapolis, MN 55420
Group Long Term Disability Insurance & Term Life/AD&D
 Enrollment Form
Policy #930391/Div #001

FORM 102: BENEFICIARY DESIGNATION - EFCA Term Life and AD&D Insurance

Please print legibly and complete this form in its entirety. Blank fields will cause significant delays in processing.

Employee Social Security Number Gender Date of Birth (mm/dd/yyyy)
 - - M F / /

Employee First Name M.I. Last Name

Amount of Employee coverage selected: \$10,000 of Life and AD&D
(Amount may vary based on Benefit cutbacks due to age of the insured)

Beneficiary Information: Please complete the beneficiary information on this form. If you wish to change your beneficiary at any time please complete a new form. The form with the most recent signature date will replace all other elections or directions.

(I) Primary Beneficiary Information

<u>Name (last name, first, middle initial):</u>	<u>Relation to You:</u>	<u>Benefit %:</u>
(1)		
(2)		
(II) CONTINGENT BENEFICIARIES: If the beneficiary(ies) named above are not living, then pay:		
(1)		
(2)		
(3)		
(4)		

Request for Signature and Certification: I have read and understand the "Limitations and Exclusions" included with this enrollment form. I certify that all statements that I have provided are true to the best of my knowledge and belief and I understand that a copy of this form will be made available to me at my request. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

_____/_____/_____
 Employee Signature Date Work Phone Home Phone

Please be aware that your coverage may be impacted by certain limitations and exclusions including, but not limited to, the following:

Limitations and Exclusions

Delayed Effective Date:

Employee: Insurance will be delayed for employees not in active employment until the first of the month, coincident with or next, following the date they return to work. Regularly scheduled vacation time is considered active employment.

Dependents: Coverage for totally disabled dependents will be delayed until the first of the month, coincident with or next, following the date the individual is no longer disabled. This delay does not apply to newborn children while dependent insurance is in effect. "Totally disabled" means that, as a result of injury, a sickness or a disorder, your dependent is confined in a hospital or similar institution; is unable to perform two or more activities of daily living (ADLs) because of a physical or mental incapacity resulting from an injury or a sickness; is cognitively impaired; is receiving or is entitled to receive any disability income from any source due to any sickness or injury; is receiving chemotherapy radiation therapy or dialysis treatment; or has a life threatening condition. Disabled children over the maximum child age may be eligible for benefits, please see your plan administrator for more details.

Exclusion for Suicide:

Where the cause of death is suicide:

1. No benefits will be payable for a loss occurring within 24 months after the individual's initial effective date; and
2. No increased or additional insurance will be payable for a loss occurring within 24 months after the day such increased or additional insurance is effective.

This Suicide Exclusion does not apply to Washington residents.

AD&D Benefit Exclusions

AD&D Benefits would not be paid for losses caused by, contributed to by, or resulting from:

- Disease of the body or diagnostic, medical or surgical treatment or mental disorder as set forth in the latest edition of the Diagnostic and Statistical Manual of Mental Disorders;
- Suicide, self-destruction while sane, or self-inflicted injury;
- War, declared or undeclared, or any act of war;
- Active participation in a riot;
- Attempt to commit or commission of a crime;
- The voluntary use of any prescription or non-prescription drug, poison, fume or any other chemical substance unless used according to the prescription or direction of the individual's doctor. This exclusion does not apply to the individual if the chemical substance is ethanol; or
- Intoxication. ("Intoxicated" means that the individual's blood alcohol level equals or exceeds the legal limit for operating a motor vehicle in the state or jurisdiction where the accident occurred.)

Please see your Plan Administrator [or your Policy] for a complete listing of applicable limitations and exclusions.

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