

DIOCESE OF WINONA
SUPPLEMENTAL LIFE INSURANCE
ADMINISTERED BY UNUM PROVIDENT
PARTICIPATION

Eligible employees are those who work at least 20 hours a week or at least one half academic load during the plan year.

FORM REQUIRED TO ENROLL AN EMPLOYEE:

1. Term Life Insurance Enrollment Form (Form E-1)

PURPOSE: To provide information to participate in the supplemental life plan.

The employee should complete the form by completing their own information on the top of the first page. If the employee is enrolling the spouse, the spouse's name and date of birth is needed. Put in the amount elected for coverage for employee, spouse and/or child. The amount of coverage will need to be the next higher multiple of \$10,000 for employee, the next higher multiple of \$5,000 for spouse and the next higher multiple of \$2,000 for child. An employee signature, date and phone number is needed at the bottom of the form. Beneficiary information is on the second page and will need to be filled out.

2. Evidence of Insurability Form (Form E-2)

The employee needs to fill out the Evidence of Insurability Form if the employee chooses coverage above the guaranteed amount which is over \$200,000 for employees and over \$25,000 for spouse. The employee needs to complete the questionnaire in full to prevent denial of coverage. Be sure to have the employee sign and date the form. The evidence of Insurability Form should be sent to the Diocese or directly to UNUM at:

Mail: PO Box 9783-5083, Portland, ME 04104

Fax: 207-771-4022

E-mail: nasateamimageid@unum.com

3. Term Life Insurance Coverage Highlights (Form E-3)

Each employee should be given the Term Life Insurance Coverage Highlights. Detailed Summary Plan Booklets that outline the supplemental life benefit is available on the Diocesan website at www.dow.org in the Human Resources department.

FORMS REQUIRED FOR CHANGES TO EXISTING EMPLOYEES:

1. Term Life Insurance Enrollment Form (Form E-1)

PURPOSE: To change beneficiary(s) to receive benefits upon death of policy holder, qualifying event, change employee's name or address.

Employee should complete a new Term Life Insurance Enrollment Form (E-1). Forms should

be returned to the Pastoral Center.

FORM REQUIRED TO FILE SUPPLEMENTAL LIFE CLAIMS:

Claim for Life Insurance Benefits

The employer should contact the Diocese and the appropriate claim for benefits form will be provided.

FORM REQUIRED FOR TERMINATING EMPLOYEES:

Notice of Continuation Privilege Form (Form E-4)

PURPOSE: To inform employees of their rights pertaining to the term supplemental life policy and to confirm their decision to elect continued coverage or terminate coverage.

TO BE COMPLETED BY THE EMPLOYER:

The following will need to be filled in by the employer: Terminated employee's name and address, termination date, date of notice, premium payment, effective date of employee's coverage (11/1/14 or hire date if hired after 11/1/14), date of birth and social security number. Please also complete Location name and address of where to send the premium payment.

TO BE COMPLETED BY THE APPLICANT/EMPLOYEE:

Provide coverage applied for or declining coverage. A signature and date are required.

Supplemental Group Life Options for Terminating/Retiring Participants Form (From E-5)

PURPOSE: To inform employees of their rights pertaining to the term supplemental life policy and to confirm their decision to elect continued coverage or terminate coverage.

TO BE COMPLETED BY THE APPLICANT/EMPLOYEE:

Provide coverage applied for or declining coverage. A signature and date are required.

This form is to be returned to the Diocese. Please notify the Diocese as soon as you know an employee will be terminating so the appropriate forms are completed.