



Mail to:
 Unum
 NCG Administrative Services
 PO Box 9783
 Portland, Maine 04104

Or Fax to: 1-207-771-4022

**TERM LIFE AND AD&D INSURANCE
 ENROLLMENT FORM
 COLORADO PERA
 POLICY 595121**

MEMBER NAME:

MEMBER SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

Members may elect 1 to 4 units of Life/AD&D coverage. Please check the total number of units that you would like to elect.

- 1 Unit - \$7.75/Month
- 2 Units - \$15.50/Month
- 3 Units - \$23.25/Month
- 4 Units - \$31.00/Month

Your premium includes term life insurance coverage for all of your eligible dependents. Coverage for your eligible dependent spouse and/or child(ren) shall be effective on the date your coverage becomes effective. However, if any dependent, on the date their coverage would otherwise have become effective, is confined to an institution or at home for medical treatment, their coverage will not be effective until the attending physician releases the dependent from confinement.

I certify that all statements are true to the best of my knowledge and belief and I understand a copy of this form will be made available at my request. I authorize my employer to make the necessary payroll deductions to pay the premium. I understand that coverage will become effective on the first day of the month immediately following the payment of my life insurance premium.

MEMBER SIGNATURE _____ DATE ____/____/____