



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

**MAINE MUNICIPAL  
 EMPLOYEES HEALTH  
 TRUST**

Long Term Disability Insurance  
 Enrollment Form  
**Policy #588982**

Employee Name:	Occupation:
Address:	Date of Birth:
Social Security Number:	Gender:
Hours Worked / Week:	Employer:
Date of Hire:	Annual Salary:

Rates * per \$100 of Covered Salary			
Age	Rate	Age	Rate
< 25	\$0.25	50 - 54	\$1.03
25 - 29	\$0.30	55 - 59	\$1.20
30 - 34	\$0.34	60 - 64	\$1.65
35 - 39	\$0.43	65 - 69	\$1.80
40 - 44	\$0.57	70+	\$2.05
45 - 49	\$0.77		

\* LTD rates are based on five-year increments. Rates increase as you age.

To calculate the per-paycheck cost for this coverage, complete the calculations below.

**Note:** If your annual salary exceeds \$120,000.00, use \$120,000.00 as your annual salary in the calculation.

_____ ÷ 100 = _____	X _____ = _____	_____ ÷ _____ = _____	_____ ÷ _____ = _____
Annual Salary	Your Rate	Your Annual Cost	# of Paychecks per Year
			<b>Cost per Paycheck*</b>

\* Final cost may vary slightly due to rounding.

**Yes**, I would like to participate. I authorize my employer to deduct from my salary or wages the necessary premium for this coverage. My signature verifies the accuracy of information contained on this form.

I understand the effective date of my coverage will be delayed if I am not in active employment because of an injury, sickness, temporary lay-off or leave of absence on the date this insurance would otherwise become effective. **I have also read and understand the information in the Plan Highlights, including all statements regarding exclusions and benefit amounts and offsets.**

**No**, I do not wish to participate. I understand that evidence of insurability will be required, at my own expense, if I decide to elect this cover in the future.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Forms To: Your Plan Administrator

**This section to be completed by your employer:**  
**Coverage Effective Date:** \_\_\_\_\_