

UNUM ENROLLMENT FORM
For Group Life, AD&D and LTD
Company-Paid Benefits

(for PE HR internal use)

COMPANY NAME: _____

To be completed by Employee:

EMPLOYEE NAME: _____
Last *First*

SOCIAL SECURITY #: _____

DATE OF BIRTH: _____

DATE OF HIRE: _____

Employee Signature *Date*

To be completed by Human Resources:

DIVISION #: _____

EFFECTIVE DATE OF COVERAGE: _____

ANNUAL SALARY: \$ _____

Date enrollment processed: _____

Fax completed form to HR Dept at 215-589-9030