

Union Benefit Services – COLONIAL LIFE

724 Forestglen Dr. McDonough, GA 30252

Phone: (770)320.8008 or (770)320.7762 Fax: (770)320.7763

Open Enrollment

Indicate Coverage Requested:

Disability

Monthly benefit _____ Elimination period _____ Benefit Period _____

Term Life

Face Amount _____ Term _____ Riders _____

Cancer Insurance

Employee only _____ Emp. & Children _____ Emp. & Family _____

Accident Insurance

Employee _____ Emp. & Spouse _____ 1 Parent Fam _____

2 Parent Fam _____ Riders _____

Name: _____ Birth Date: _____

Social Security # _____ State of Birth: _____

Occupation: _____ Date of Hire: _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Annual Gross Pay: _____ Marital Status: _____

Beneficiary Name: _____ Beneficiary Age/Relationship: _____

Disability Questions:

* Have you tested positive for HIV or AIDS? YES ___ NO ___

* In the past 12 months, have you received medical advice or sought treatment (including medication) for: heart attack, heart surgery, Congestive Heart Failure, Blood Pressure of 160/100 or above, Stroke, TIA, Kidney Disease (except stones), Insulin Dependent Diabetes, Diabetes Diagnosed prior to age 40, Cancer, Hepatitis B or C, Cirrhosis, Hodgkin's Disease, or Leukemia? YES ___ NO ___

* In the past 12 months, have you been off work for 10 or more consecutive work days due to an illness or injury including back, neck, knee, joint or muscle? YES ___ NO ___

Term Life/Accident Care Questions:

* Height _____ Weight _____

* In the past 12 months, have you used tobacco in any form? YES ___ NO ___

* In the past 12 months, have you used any illicit drugs or controlled substance not prescribed for you or have you sought treatment for drug or alcohol abuse? YES ___ NO ___

* Within the past 24 months, have you been prescribed 3 or more medications for high blood pressure or been prescribed medication for blood pressure and cholesterol? YES ___ NO ___