

ARCHDIOCESE OF SANTA FE
UNUM Life Insurance Package Enrollment
(Life, Dependent Life, AD&D, LTD)

Name _____
Last First Middle Initial

Social Security Number _____ Date of Birth _____

Sex: M _____ F _____ Married: Yes _____ No _____ Number of Children _____ Ages _____

Occupation _____ Annual Salary _____

Place of Employment _____ Date of Employment _____

Beneficiary Designation: Please Print

1. _____
Last name First M Social Security # DOB

Address Phone #

2. _____
Last name First M Social Security # DOB

Address Phone #

3. _____
Last name First M Social Security # DOB

Address Phone #

Unless otherwise provided herein, if two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named beneficiaries surviving the member. If no beneficiary has been designated, any proceeds will be payable as provided by the group policy.

I work at least 30 hours per week and am eligible to enroll in this coverage. I hereby declare that, to the best of my knowledge and belief, the information given here is correctly recorded, complete and true.

Signature _____ Date _____

For Office Use Only

Life A D & D Dep Life LTD