



**ENROLLMENT FORM
GROUP LIFE AND ACCIDENTAL DEATH &
DISMEMBERMENT (AD&D)**
Unum Life Insurance Company of America
2211 Congress Street, Portland, ME 04122

District Name: _____

EMPLOYER: COMPLETE THIS SECTION

Company Name and Address:

**CVT
520 E Herndon Ave., Fresno, CA 93720**

Policy Number: 529072	Billing Division:	Employee's Date of Hire:
Occupation:	Annual Earnings:	Hours Worked Per Week:
Date Insurance Begins:		Marital Status:
Type	Amount	Class
Life Insurance	\$	
AD&D* Insurance:	\$	

EMPLOYEE: COMPLETE THIS SECTION

Name (last, first, middle initial):

Social Security Number:	Date of Birth:	Sex:
-------------------------	----------------	------

Type of Coverage Available:

Life Insurance
AD&D Insurance:

BENEFICIARY DESIGNATION

Beneficiary's Name (last name first):

Percentage of Benefit:

Social Security Number:

Relationship:

If above is not living, beneficiary should be:

SIGNATURE

Employee's Signature:	Date:
-----------------------	-------

*Accidental Death & Dismemberment

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.
1057-02 (8/07)