



Unum Life Insurance Company of America, Portland, ME

Please complete this entire form to ensure a smooth enrollment. If you need assistance, please contact your plan administrator.

Crown Cork and Seal Company

Complete your personal information and choose your coverage amount

First name (please print)	M. initial	Last name	
Social Security Number	Gender (M/F)	Date of birth (mm-dd-yyyy)	Original hire date (mm-dd-yyyy)
Annual salary	Hours worked per week	Occupation	
\$			
Did you recently become eligible for benefits? (Y/N)	Have you been rehired by your company? (Y/N)	If so, please provide a date (mm-dd-yyyy) 	

Long Term Disability Insurance

Choose your coverage

Refer to your program flyer for more information.

To calculate your cost per paycheck, refer to the disability worksheet under 'Calculate your costs'.

Your actual billed amount or payroll deduction may vary slightly.

Coverage is guaranteed during your initial eligibility period. If you don't sign up at that time but decide to apply later, you may need to complete Evidence of Insurability. Ask your plan administrator for details.

Long Term Disability Insurance — SIGN AND CERTIFY

YES — I want Long Term Disability Coverage

☐ YES, I have read and understand the exclusions, limitations, delayed effective date, benefit reduction and offset features of my coverage as described in the enrollment materials. I authorize my employer to make the necessary deductions from my salary or wages to pay the premium when my insurance becomes effective. I understand that my payroll deduction amount will change if my coverage or costs change.

Signature

Date

NO — I do not want Long Term Disability Coverage

☐ I DO NOT want Long Term Disability Insurance.
I understand that if I elect coverage in the future, I may need to complete evidence of insurability relative to my health status in order for Unum to determine my eligibility for coverage.

Signature

Date

Required:

First name (please print)

M. initial Last name

Email:

Note: Your email will only be used if you need to answer health questions to get this coverage. You will receive a link to answer health questions online.

Return forms to: Crown Insurance Department at Insurance@crowncork.com

Delayed effective date of coverage

Insurance coverage will be delayed if you are not an active employee because of an injury, sickness, temporary layoff, or leave of absence on the date that insurance would otherwise become effective.

Underwritten by: Unum Life Insurance Company of America, Portland, Maine

© 2022 Unum Group. All rights reserved. Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.

