



EMPLOYER NAME:

DBL POLICY #:

DBL DIVISION #:

EMPLOYEE DBL COVERAGE EFFECTIVE DATE:

% OF DBL BENEFIT TAXABLE:

OCCUPATION TITLE (Please attached job description):

IS THE CLAIM WORK-RELATED?

IF SO, HAS WORKERS COMPENSTATION CLAIM BEEN FILED?

CONFIRMED RETURN TO WORK DATE?

LAST DAY OF WORK?

DATE PAID THRU WITH SICK PAY?

DOES EMPLOYER REQUEST REIMBURSEMENT DURING PAID SICK TIME?

WEEKLY SALARY:

EE PREMIUM CONTRIBUTION PERCENTAGE?

EE CONTRIBUTION PRE OR POST TAX?

8 WEEKS OF EARNINGS AS OF THE LAST DAY WORKED, INCLUDING EARNINGS THROUGH THE LAST DAY WORKED. **IF BI-WEEKLY EARNINGS, PLEASE PROVIDE THE WEEKLY BREAKDOWN.**

WEEK 1

WEEK 2

WEEK 3

WEEK 4

WEEK 5

WEEK 6

WEEK 7

WEEK 8

First Unum Life Insurance Company, The Benefits Center, P.O. Box 100158, Columbia, SC 29202-3158

Pacific Time Zone Toll-Free: 1-877-851-7637 Fax: 1-877-851-7624

All Other Time Zones Toll-Free: 1-800-858-6843 Fax: 1-800-447-2498

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