



The Benefits Center
 Long Term Care
 PO Box 100196
 Columbia, SC 29202-9975
 Toll-free: 1-800-693-4988
 Fax: 1-800-268-1377

Authorization for Additional Contact

As part of the standard claims review process, a claims representative will be contacting you, the insured, to discuss the details of your claim and policy. If you would like to also name another contact with whom we could share this information, please complete this Authorization for Additional Contact.

Additional Contact Name (first and last): _____

Address: _____

Telephone #: _____ Relationship to Insured: _____

Check if the Additional Contact is also a legal representative:

Power of Attorney (circle medical/financial/both) Legal Guardian Conservator

I authorize _____ (Print Name) to act as an additional contact in regard to my claim(s). In doing so, I am giving Unum, its insurance subsidiaries* and duly authorized representatives ("Unum") the right to discuss all aspects of my coverage and claim(s) with my representative. This may include information regarding benefits, medical conditions (including, but not limited to, HIV and AIDS, mental illness and drug and alcohol abuse), medical providers, caregivers and locations of care. This information may be provided so that my representative may assist me with my claim(s). This information may be provided to my representative in writing or verbally, such as by telephone. I understand the information could be redisclosed by my representative and no longer protected by federal privacy regulations.

I authorize my designated Additional Contact to direct where my benefit payment will be mailed. Yes No

I understand I am not required to sign this authorization and Unum may not condition payment of my claim(s) on whether I sign this authorization. I may revoke this authorization in writing at any time except to the extent Unum has relied on the authorization prior to notice of revocation. I may revoke this authorization by sending written notice to: Long Term Care Benefits Center, P.O. Box 100196, Columbia, SC 29202-9975.

This authorization is valid for two (2) years, or for the length of time otherwise permitted by law. I know that I have the right to receive a copy of this authorization or to revoke this authorization at any time. A photographic or electronic copy of this authorization is as valid as the original.

 Claimant Signature

 Date Signed

 Print Claimant's Name

 Social Security Number

*this authorization is valid for the following Unum insurance subsidiaries: Unum Life Insurance Company of America and Provident Life and Accident Insurance Company.

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