



LONG TERM CARE

Underwritten by:
Unum Life Insurance Company of America
LTC Department - A205
2211 Congress Street, Portland, Maine 04122

TECO ENERGY, INC.
Long Term Care Insurance
EMPLOYEE Benefit Election Form
Policy #559465

Form with fields: Your Name, Social Security Number, Date of Birth, Street Address, Gender, Date of Hire, City, State, Zip Code, Home Telephone #, Work Telephone #

Funded Plan (Employer Paid) (This Benefit Election Form must be completed for any selection)

CHECK HERE IF YOU WANT THE FUNDED PLAN ONLY:

Form with fields: Level of Care, Monthly Benefit, Benefit Duration

If you want to purchase additional coverage, please make your selections below. SELECTION OF ANY ADDITIONAL COVERAGE OPTIONS AUTOMATICALLY BRINGS YOU TO A 5 YEAR DURATION:

Plans selection table with columns Plan 1, Plan 2, Plan 3, Plan 4 and Facility Monthly Benefit Amount options (\$3,000, \$4,000, \$6,000)

* EMPLOYEES: Selection of this option exceeds the Guarantee Issue limits and requires completion of the Long Term Care Insurance Application (medical questionnaire).

Note to Employees: All Active Employees & Newly Hired Employees - who enroll after the Guarantee Issue enrollment period or choose benefits over the Guarantee Issue limits will be required to fill out a medical questionnaire.

Your premium for the buy-up options will be paid through payroll deduction from your paycheck. You must sign below to authorize your employer to make the payroll deduction.

Caution: if your answers on this Enrollment Form are incorrect or untrue, we may have the right to deny benefits or rescind your insurance.

By signing below, you signify that you have read and understand that loss of Activities of Daily Living (ADL) or Severe Cognitive Impairment must occur after your effective date of coverage under this Long Term Care plan in order to be covered, and that certain limitations and exclusions apply to your coverage. This information is contained in your kit.

Your Premium: \$

(Transfer the premium amount for the plan you selected from the Employee Rates Sheet.)

Employee's Signature

Date

Please sign and submit to your employer. You may want to keep a copy for your records.

If you have questions about Long Term Care coverage, please call UnumProvident's toll-free number: 1-800-227-4165.