# Unum Long Term Disability Insurance
# Enrollment Form

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|---|---|
| Employee Name (last,first,initial) | Social Security No. |

| Birth Date | Sex        M _____ F | Hire Date | Position (Title) | $ Annual Salary |
|---|---|---|---|---|

_____ Participating in the Fidelity and/or TIAA/CREF Retirement Plan, with Oakland University contributions into the plan(s).

_____ Not currently eligible for Oakland University contributions into Retirement Plan.

I hereby request the issuance of the insurance to which I am now entitled, or to which I may become entitled, under the terms of the Group Total Disability Benefits Policy issued to Oakland University by Unum

| Date | Signature |
|---|---|
| Effective Date | |