



Unum Life Insurance Company of America
2211 Congress Street
Portland, Maine 04122

ACKNOWLEDGEMENT OF DISCLOSURE OF RATING PRACTICES

Long Term Care insurance regulations require that we provide certain information about policies that may be subject to rate increases in the future. This information can be found in the Potential Rate Increase Disclosure Form and Personal Worksheet that were given to you.

Long Term Care insurance regulations also require that we obtain a signed acknowledgement that you have received this information.

I have received the Potential Rate Increase Disclosure Form and Personal Worksheet.

Signed: _____
(Applicant)

(Social Security Number)

(Please Print Name)

(Name of Employer)
Complete if applying through Employer offer

Date: _____

Please sign and return this form to:

Unum Life Insurance Company of America
Long Term Care Underwriting
2211 Congress Street
Portland, Maine 04122

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