CoPower SELECT™

Census Enrollment Form— Basic Life and Long Term Disability (LTD)

Use this form ONLY for enrolling in Unum.

In all the sections below, fill out information for members only. Print legibly and clearly.

Indicate plan(s) selection for each member. Life & LTD coverage requires 100% participation.

Please provide prior year gross salary for all employees. For new hires, provide the estimated annual salary. Salary must be rounded up to the next hundred.

Company/Group Name:		Effective Date:	

Member Information

Plan Selection	Class Type	Last Name, First Name	M/F	Birth Date	Social Security Number	Date of Hire	Life Amount	Annual Salary (for LTD Only)
☐Life ☐LTD								
☐Life ☐LTD								
☐Life ☐LTD								
☐Life ☐LTD								
☐Life ☐LTD								
☐Life ☐LTD								
☐Life ☐LTD								
☐Life ☐LTD								
☐Life ☐LTD								
☐Life ☐LTD								
☐Life ☐LTD								
☐Life ☐LTD								
☐Life ☐LTD								

CoPower, 1600 W. Hillsdale Blvd., San Mateo, CA 94402 • Phone: 888.920.2322 • Fax: 650.348.1149 • E-mail: requests@copower.com

CPF-032 7/15