



**REQUEST FOR CONTINUATION OF COVERAGE  
FOR INCAPACITATED CHILDREN**

Please mail or fax to: Unum Life Insurance Company of America  
Group Life Customer Care Center  
P.O. Box 9061, Portland, Maine 04104-5046  
Telephone: 1-800-445-0402 Fax: 207-575-7407

**PART 1: EMPLOYER INFORMATION**

Policy Number		Division	
Employee Coverage Effective Date		Dependent Coverage Effective Date	
Has this child's coverage been continued beyond the limiting age by any previous insurer? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide copy of prior carrier's approval notice.)			
Company Name		Subsidiary/Affiliate Branch	
Street Address			
City		State	Zip
Name and Title of Authorized Representative			
Telephone Number	Fax Number	Signature of Authorized Representative	

**PART 2: EMPLOYEE INFORMATION**

Full Name		Social Security Number	
Address of Employee			
Name of Dependent Child		Child's Date of Birth	
Child's Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Is child dependent on you for support? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what part of support do you contribute?	
Does child receive SSDI or equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No		Source	
Has child been a full time student since reaching age 19? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, school name, location and dates attended			
Has child been employed since reaching limiting age for dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No (Limited age of 19 or 25 if attending school full time) If yes, give names, address, and dates of employment			

**SUMMARY OF ANY INSTITUTIONAL CARE**

Name of Institution(s)	Date	Nature of Care

Employee Signature	Date
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**PART 3: ATTENDING PHYSICIAN'S STATEMENT**

Is child now incapable of self-sustaining employment because of mental or physical handicap?  Yes  No

Did such incapacity exist prior to child's attainment of age 19?  Yes  No | Date of Onset

May child be employable in the future?  Yes  No  Questionable

Diagnosis

Cause of Incapacity

Attach narrative or records if needed

Date of Diagnosis

Date child was last examined

Physician

Specialty

Physician's Signature

Degree

Street Address

City

State

Zip

Telephone

Dated

**FOR OFFICE USE ONLY**

- Permanent
- Recheck in one year
- Recheck in two years
- Obtain records