



DOMESTIC PARTNER STATEMENT

We, _____ and _____, for the purpose of establishing Domestic Partner status under Long Term Care Policy No. _____ issued by Unum Life Insurance Company of America ("Unum") to _____ (Policyholder Name), attest and agree as follows:

1. We each attest that we are Domestic Partners, with a close and personal relationship with one another, as evidenced by the following facts:
 - A. We are responsible for our joint financial and common welfare and intend to remain so indefinitely;
 - B. We have resided together continuously for at least twelve (12) months before the date of this statement, are living together now and intend to do so indefinitely;
 - C. We are each at least eighteen (18) years of age and competent to contract;
 - D. Neither of us are married to anyone else; and
 - E. Neither of us has signed a Domestic Partner Statement as partner of anyone else during the twelve (12) months prior to the date of this statement;
 - F. Not be related to one another by blood, closer than would bar marriage.
2. We understand that:
 - A. Documentation or other proof of our Domestic Partner status may be required by Unum;
 - B. The final determination of Domestic Partner status is made by Unum, which is relying on this certification and any other submitted documentation or proof;
3. In the event of a change in Domestic Partner status as attested herein (for example, a change in joint residence or if we are no longer each other's sole domestic partner);
 - A. We each agree to notify Unum and _____ (Policyholder Name) in writing of the change in our status within thirty-one (31) days of such change;
 - B. We each agree to mail a copy of this written notice to the other party; and

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C. We understand that for a period of twelve (12) months following termination of our Domestic Partner Status:

- I. Neither of us can file another Domestic Partner Statement with _____ (Policyholder Name) or Unum;
- ii. No other person will be eligible under the Policy as a Domestic Partner of the Employee;

WE HAVE PROVIDED THE INFORMATION IN THE DOMESTIC PARTNER STATEMENT TO _____ (POLICYHOLDER NAME) AND Unum Life Insurance Company of America FOR THE SOLE PURPOSE OF ESTABLISHING ELIGIBILITY UNDER THE POLICY AS DOMESTIC PARTNERS.

WE HEREBY AFFIRM THAT THE ASSERTIONS IN THIS STATEMENT ARE TRUE TO THE BEST OF OUR KNOWLEDGE.

Date

Employee Signature

_____-_____-_____
Social Security Number

Street
Address: _____

City: _____

State: _____ Zip Code: _____

Date

Named Domestic Partner Signature

_____-_____-_____
Social Security Number

Street
Address: _____

City: _____

State: _____ Zip Code: _____