



Underwritten by:

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

**FCMM Benefits & Retirement**

901 East 78th Street, Minneapolis, MN 55420  
Group Short and Long Term Disability Insurance  
with Term Life/AD&D  
Update Form  
Policy #930391/Div #001

**Form 104: Application Addendum for Updates**

This form is used only during the annual open enrollment period. It is given to eligible employees who are currently enrolled in the FCMM Benefit Plan after an employer has updated its *Form 120: Employer Benefit Agreement*. Employees with any changes including plan, premium payment method, or Life/AD&D Insurance coverage amount must submit this form during the annual open enrollment period for a January 1 effective date.

**Employee Full Name**

**Employee Email Address**

**Employer Name**

**Employer Address**

**Employer Contact Name**

**Employer Email Address**

**Employer Completion REQUIRED**

This section must be completed by the employer per *Form 120: Employer Benefit Agreement*. Complete one of the employer pre-determined plan options for the employee listed above.

Option 1: Standard Plan (LTD & Life/AD&D)

Long Term Disability Class # \_\_\_\_\_  
\_\_\_\_ Staff Benefit  
\_\_\_\_ Payroll Deduction (after-tax deduction)  
\_\_\_\_ Conventional \_\_\_\_ Tax Choice

Life/AD&D Class # \_\_\_\_\_  
\_\_\_\_ Staff Benefit  
\_\_\_\_ Payroll Deduction (after-tax deduction)

Coverage amount: \_\_\_\_\_ \$10,000  
\_\_\_\_\_ \$50,000  
\_\_\_\_\_ One times (1x) Annual Salary\*

Option 2: PLUS Plan (STD, LTD & Life/AD&D)

Short Term & Long Term Disability Class # \_\_\_\_\_  
\_\_\_\_ Staff Benefit  
\_\_\_\_ Payroll Deduction (after-tax deduction)  
\_\_\_\_ Conventional \_\_\_\_ Tax Choice

Life/AD&D Class # \_\_\_\_\_  
\_\_\_\_ Staff Benefit  
\_\_\_\_ Payroll Deduction (after-tax deduction)

Coverage amount: \_\_\_\_\_ \$10,000  
\_\_\_\_\_ \$50,000  
\_\_\_\_\_ One times (1x) Annual Salary\*

\*Complete an updated *Form 103: Salary Worksheet* if 1x Annual Salary coverage amount was elected for correct premium calculations.

If payroll deduction for any benefit (STD, LTD, and/or Life/AD&D) OR declining all benefits, affirm below:

- Yes, I would like to participate in the FCMM Benefit Plan (Disability and Life/AD&D) at this time, and I authorize my employer to make the necessary deductions from my salary to pay the benefit premiums when my insurance becomes effective. I understand my payroll deduction amount will change if my coverage or costs change.
- No, I do not wish to participate in the FCMM Benefit Plan (Disability and Life/AD&D) at this time through payroll deduction. I understand I cannot enroll again until the annual open enrollment, if I wish to elect this coverage in the future. Enrolling at a future date will include a pre-existing limitation on coverage.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Authorized Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For questions regarding this form, contact FCMM Client Services at (800)995-5357 or [benefits@fcmmbenefits.org](mailto:benefits@fcmmbenefits.org).

**Form Submission:**

Employer, please submit this completed form to FCMM during the open enrollments dates by secure file exchange, fax, or mail.

**Secure File Exchange:**  
<https://fcmmbenefits.leapfile.net/>

**Fax:**  
(952)853-8474

**Mail:**  
FCMM Benefits & Retirement  
901 East 78th  
Street, Minneapolis, MN 55420

For FCMM Office Use Only

FCMM Depositor #: \_\_\_\_\_ Received Date: \_\_\_\_\_ Processed by: \_\_\_\_\_ Processed Date: \_\_\_\_\_