



UNUM POLICY CHANGE APPLICATION
For Use In Requesting Policy Changes and Reinstatements
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APPLICATION INSTRUCTIONS FOR BROKER, EMPLOYER AND APPLICANT

Policy Change Application A-32368 can be used for requested changes and reinstatements of existing individual income protection products underwritten by the following companies:

- Provident Life and Accident Insurance Company
- The Paul Revere Life Insurance Company
- Unum Life Insurance Company of America

Based on change being requested, complete all appropriate sections of this application as instructed below. Be sure to always properly sign and date this application wherever requested, including policy owner signature, if applicable. For combination changes complete the most detailed application/form listed below.

To request:	Complete:
• Any administrative changes	Administrative Change Form A-32394
• Reduction in Benefits	Administrative Change Form A-32394
• Increase an Elimination Period or Decrease a Benefit Period	Administrative Change Form A-32394
• Reinstatement	Sections 1-10 of this application
• Addition of any other Supplemental Benefits	Sections 1-9 of this application
• Reconsideration of Medically Modified Offers	Sections 1-9 of this application
• Increase in Monthly Benefit Amount (Indemnity).....	Sections 1-9 of this application
• Exercise an FIO/GPI/FAO	Application A-32388 or Sections 1-4 and 6-9 of this application
• Decrease an Elimination Period or Increase a Benefit Period	New Business Application A-32366
• Update Plus: Renew Update for another term or exercise Additional Increase Amount.....	Sections 1-4 and 6-9 of this application

Income Series Specific Changes

- Change from Income III Choice to Income II Select..... Administrative Change Form A-32394
- Change from Income III Choice or Income II Select to Income I..... Administrative Change Form A-32394
- Change from Income I to Income III..... Sections 1-9 of this application
- Change from Income I to Income II..... Sections 1-9 of this application
- Change from Income II to Income III..... Sections 1-9 of this application
- Exercise the LTD Insurability Option
- Addition of Term Life Rider
- Addition of LCOI Rider

GENERAL GUIDELINES

- Complete all appropriate sections of this application or other required documentation.
- Sign the application in Section 7: Declaration, Agreement and Authorization.
- When applicable, include the page from Your policy change proposal titled "Proposal Premium Summary (Policy Change)" to ensure the proper changes are made to the policy.
- For reinstatements ONLY complete Section 10: Conditional Receipt for Reinstatement and submit all back premiums.
- As a reminder, please note all dates and reasons seen by personal physician in the medical details section.

Submit application and all supporting documentation/requirements to: Unum
 Attn: New Business Direct, P.O. Box 180156
 Chattanooga, TN 37402-1338