

How to Continue Your Long-Term Care (LTC) Coverage with Unum



Webinar Tips

Note: If you're not hearing the webinar, click the “gear” icon and check your audio settings. 1

Ask questions.

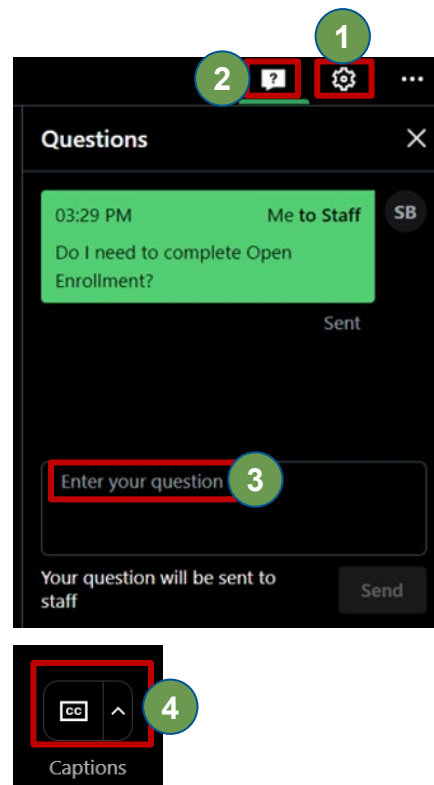
- Click on the question mark icon. 2
- Type in your questions. 3
- Staff will answer questions directly through the Questions panel and out loud during the presentation and at the end, as appropriate.

Watch or read the presentation.

- Click the Captions button to turn on closed captions during the webinar. 4
- You'll receive a follow-up email when the recording and slides are available.
- Captions are included in the recording.

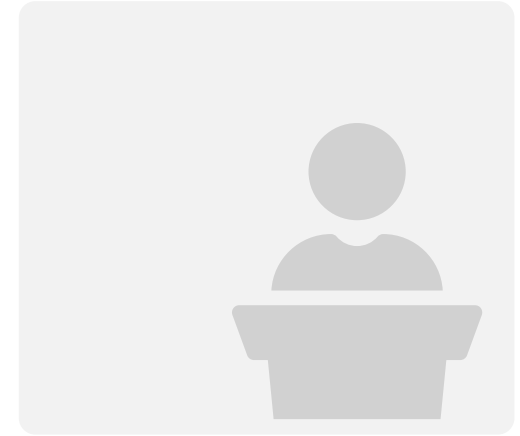
Review additional benefits information.

- Go to the [Benefits Information](https://pebbinfo.com) page at [PEBBInfo.com](https://pebbinfo.com).



Agenda

- Overview of LTC changes
- Option to continue Unum LTC coverage
- Converting your policy to direct billing with Unum
- Important dates during transition period
- Key reminders and next steps
- Who to contact with questions



Long-Term Care (LTC) Coverage

PEBB will no longer offer or administer LTC as of Jan. 1, 2027.

- As of Feb. 1, 2026, Unum stopped accepting new enrollments in LTC coverage.
- Because of this, the PEBB Board also decided to no longer offer or administer this benefit as of **Jan. 1, 2027.**

Long-Term Care (LTC) Coverage

PEBB will no longer offer or administer LTC as of Jan. 1, 2027.

- If you wish to continue LTC coverage, you must move to direct bill with Unum by **Feb. 28, 2027**.
- If you do not take action by the deadline, your Unum LTC coverage will end effective **Jan. 1, 2027**.

Continuing LTC Coverage Through Direct Billing with Unum

- The direct billing transition window is Nov. 1, 2026 – Feb. 28, 2027.
You **must submit the applicable form(s) to Unum** during this transition period.
- Access the [Election to Continue Group LTC Insurance](#) packet on PEBB's website.
- Within the packet, the **Election to Continue Your LTC Insurance Coverage** form (pages 4–5) is the only form required to convert to direct billing with Unum.
- Separate forms must be completed, signed and submitted to Unum (with physical ink signatures) for each person covered under your policy by **Feb. 28, 2027**.

Converting to Direct Billing with Unum

The packet includes step-by-step instructions to help you complete the **Election to Continue Your LTC Insurance Coverage** form.



The form must be completed, signed, and submitted to Unum (with physical ink signatures) for yourself and each enrolled dependent by **Feb. 28, 2027**.



A separate signed form is required for each person covered under your policy.

What's in the Packet

When completing the form, please note:

- **Section 1:** No action required →

Unum Unum Life Insurance Company of America
Long Term Care Operations
2211 Congress Street
Portland, Maine 04122

ELECTION TO CONTINUE YOUR LONG TERM CARE INSURANCE COVERAGE

SECTION 1 - EMPLOYER SECTION

Policy Number: 0 2 5 7 5 8 Company Name: OREGON PUBLIC EMPLOYEES' BENEFIT BOARD
Company Address: 1225 FERRY ST SE SALEM OR 97301
Street City State/Zip
Person Terminating Group Coverage: ☐ Employee ☐ Spouse or Domestic Partner (if applicable)
Employee Name: _____
Employee Social Security Number: _____ - _____ - _____
Termination Reason: ☐ Termination of employment ☐ Retirement
☐ Divorce ☐ Death of Spouse or Domestic Partner
☒ Other Group Policy Discontinued
Termination Date: 0 1 / 0 1 / 2 0 2 7
(MM) (DD) (YEAR)
Current Monthly Premium Payment: Employee \$ _____ /month Spouse \$ _____ /month
SIGNATURE OF EMPLOYER: N/A TODAY'S DATE: N/A

SECTION 2: EMPLOYEE - ALL FIELDS MUST BE COMPLETED, SIGNED AND DATED

Policy Number: 0 2 5 7 5 8 Employee Name: _____
Social Security Number: _____ - _____ - _____
Mailing Address: _____
Street City State/Zip
Email Address: _____
☐ Male ☐ Female Phone/Cell Number: _____
Payment Options:
(Select only one Mode) Note: If a payment option is not selected, Unum will default to Quarterly Billing.
☐ Monthly Automatic Payment (ACH) First of Every Month
☐ Quarterly Paper Bill (Monthly Premium X 3)
☐ Semi-Annual Paper Bill (Monthly Premium X 6)
☐ Annual Paper Bill (Monthly Premium X 12)
*If selected, you must complete form 7713-04.
SIGNATURE OF EMPLOYEE: _____ TODAY'S DATE: _____

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.
7712-04 1 (01/21)

(Page 4 in packet)

What's in the Packet (cont.)

When completing the form, please note:

- **Section 1:** No action required
- **Section 2:** You must complete and sign with a physical ink signature to continue employee coverage



The form must be printed out and physically signed in ink to be valid.

unum Unum Life Insurance Company of America
Long Term Care Operations
2211 Congress Street
Portland, Maine 04122

ELECTION TO CONTINUE YOUR LONG TERM CARE INSURANCE COVERAGE

SECTION 1 - EMPLOYER SECTION

Policy Number Company Name: OREGON PUBLIC EMPLOYEES' BENEFIT BOARD

Company Address: 1225 FERRY ST SE SALEM OR / 97301

Person Terminating Group Coverage: ☐ Employee ☐ Spouse or Domestic Partner (if applicable)

Employee Name:

Employee Social Security Number - -

Termination Reason:
☐ Termination of employment ☐ Retirement
☐ Divorce ☐ Death of Spouse or Domestic Partner
☐ Other - Group Policy Discontinued

Termination Date: / / (MM) (DD) (YEAR)

Current Monthly Premium Payment: Employee \$ /month Spouse \$ /month

SIGNATURE OF EMPLOYER: TODAY'S DATE:

SECTION 2: EMPLOYEE - ALL FIELDS MUST BE COMPLETED, SIGNED AND DATED

Policy Number Employee Name:

Social Security Number - -

Mailing Address: Street City State/Zip

Email Address:

☐ Male ☐ Female Phone/Cell Number

Payment Options:
(Select only one Mode) Note: If a payment option is not selected, Unum will default to Quarterly Billing.

☐ Monthly Automatic Payment (ACH) First of Every Month via Checking Account
☐ Quarterly Paper Bill (Monthly Premium X 3)
☐ Semi-Annual Paper Bill (Monthly Premium X 6)
☐ Annual Paper Bill (Monthly Premium X 12)

*If selected, you must complete form 7713-04.

SIGNATURE OF EMPLOYEE: TODAY'S DATE:

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

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7712-04 1 (01/21)

(Page 4 in packet)

What's in the Packet (cont.)

When completing the form, please note:

- **Section 1:** No action required
- **Section 2:** You must complete and sign with a physical ink signature to continue employee coverage
- **Section 3:** Spouse/domestic partner must complete and sign with a physical ink signature to continue their coverage



The form must be printed out and physically signed in ink to be valid.

unum Unum Life Insurance Company of America
Long Term Care Operations
2211 Congress Street
Portland, Maine 04122

ELECTION TO CONTINUE YOUR LONG TERM CARE INSURANCE COVERAGE

Policy Number 0 2 5 7 5 8

SECTION 3 - SPOUSE OR DOMESTIC PARTNER (IF APPLICABLE) - ALL FIELDS MUST BE COMPLETED, SIGNED AND DATED

☐ Check here if you do not wish to continue spouse Long Term Care Coverage, sign and date below.

Name: _____

Mailing Address: _____ Street _____ City _____ State/Zip _____

Email Address: _____

Social Security Number [] [] [] - [] [] - [] [] [] []

☐ Male ☐ Female Phone/Cell Number _____

Payment Options (Complete if only the spouse is electing coverage.):
(Select only one Mode) Note: If a payment option is not selected, Unum will default to Quarterly Billing.

☐ Monthly Automatic Payment (ACH) First of Every Month via Checking Account ☐ Quarterly Paper Bill (Monthly Premium X 3) ☐ Semi-Annual Paper Bill (Monthly Premium X 6) ☐ Annual Paper Bill (Monthly Premium X 12)

SIGNATURE OF EMPLOYEE'S SPOUSE OR DOMESTIC PARTNER: _____ **TODAY'S DATE** _____

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Information About Continuing Your Long Term Care Insurance Coverage

Should The Certificate Of Coverage Be Kept?
If you elect to continue your long term care coverage, you should keep your Certificate of Coverage that was issued to you under the group plan. You will not receive a new Certificate of Coverage.

Where Should Premium Payments Be Sent?
You must remit all premium payments directly to Unum. The address is:
Unum Life Insurance Company of America
P.O. Box 105570
Atlanta, GA 30348-5570

Your Certificate of Coverage sets forth in detail the rights and obligations of both you and the insurer. Please refer to your Certificate for more information including the number of days in your grace period, how long Unum will continue to pay for long term care benefits and when your coverage will terminate.

7712-04 2 (01/21)

(Page 5 in packet)

What's in the Packet (cont.)

The packet also includes three other forms that you may use in the future:

1. Protection Against Unintentional Lapse of LTC Insurance

(Complete only if you want to designate a backup person who does not live in your house that Unum may notify if your coverage is about to lapse — pages 6–7 in packet.)

The image shows two overlapping forms from Unum. The left form is titled "Section 3- For New Jersey or Per New Jersey Insurance" and contains instructions for designating a backup person. The right form is titled "PROTECTION AGAINST UNINTENTIONAL LAPSE OF LONG TERM CARE INSURANCE" and contains instructions for designating a backup person. Both forms include sections for "Applicant / Insured" and "Designee" information, and a section for "Waiver Electing" to waive the requirement to designate a backup person.



These forms are optional. They are NOT required to move to direct billing.

What's in the Packet (cont.)

The packet also includes three other forms that you may use in the future:

1. Protection Against Unintentional Lapse of LTC Insurance

2. Authorization and Agreement for Monthly Automatic Payments

(Complete only if you want to make monthly automatic payments via checking account — pages 8–9 in packet.)

The image shows two forms from Unum Life Insurance Company of America. The left form is titled 'Authorization and Agreement for Monthly Automatic Payments' and the right form is titled 'Authorization and Agreement for Monthly Automatic Payments'. Both forms include a header with the company name and contact information. The left form has a list of 10 numbered items, and the right form has a 'Please Print' section, a 'Check all that apply' section, a 'Bank Information' section, a 'Refer to Sample Check Image' section, and a 'SAMPLE CHECK (bottom of check)' section. The right form also has a 'Please sign and date' section and a footer with the text 'A COPY OF THIS AUTHORIZATION SHALL BE AS VALID AS THE ORIGINAL' and 'Please retain a copy of this form for your records'.



These forms are optional. They are NOT required to move to direct billing.

What's in the Packet (cont.)

The packet also includes three other forms that you may use in the future:

1. Protection Against Unintentional Lapse of LTC Insurance
2. Authorization and Agreement for Monthly Automatic Payments
3. Group Long Term Care Request to Change Coverage

(Complete only if you ever wish to cancel or make changes to your LTC coverage — pages 10–11 in packet.)

The image shows three overlapping forms from Unum. The top form is the 'Third Party Authorization' form, which includes fields for 'INSURED NAME', 'AUTHORIZED INDIVIDUAL(S) NAME', and a section for 'I authorize Unum Group, its subsidiary disclose the following insurance plan above, for the purpose of assisting it'. The middle form is the 'GROUP LONG TERM CARE REQUEST TO CHANGE COVERAGE' form, which includes fields for 'Group Policyholder Name', 'Group Policyholder Address', 'Insured Name', 'Social Security Number', and 'Relationship to Employee'. The bottom form is the 'Return Form to: Long Term Care Operations' form, which includes fields for 'Insured Signature', 'Print Name', and 'Date'. The forms are partially overlapping, with the 'GROUP LONG TERM CARE REQUEST TO CHANGE COVERAGE' form being the most prominent.



These forms are optional. They are NOT required to move to direct billing.

Important Dates

Please note these key dates during the transition period:

Nov. 1, 2026

Direct billing
transition
period opens

Jan. 1, 2027

PEBB LTC coverage
and administration
ends

Feb. 28, 2027

Last day to
submit forms
to Unum

Key Reminders and Next Steps

If you do not take action by Feb. 28, 2027:

Coverage

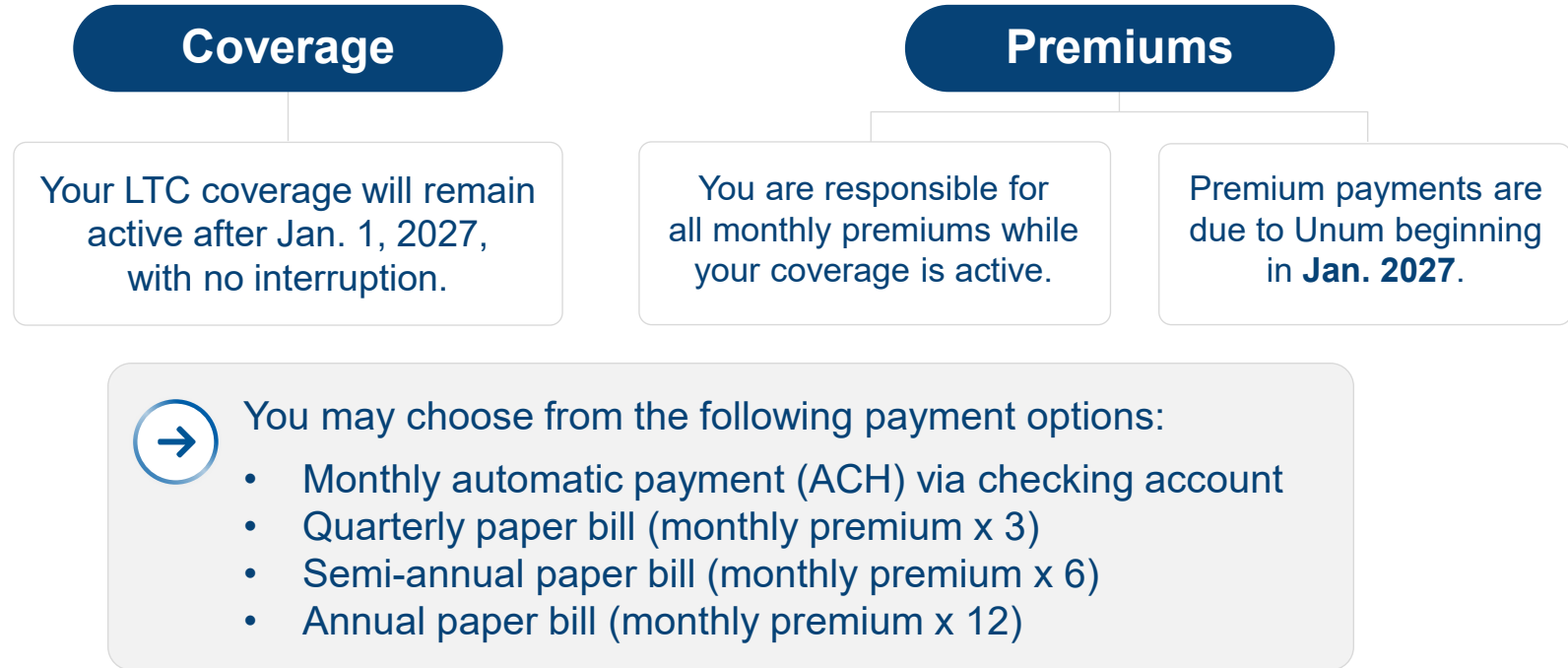
Your LTC coverage will automatically end on **Jan. 1, 2027.**

Premiums

No premiums will be owed after **Dec. 2026.**

Key Reminders and Next Steps (cont.)

If you submit the applicable form(s) during the transition period:



Key Reminders and Next Steps (cont.)



Keep in mind: You may owe multiple months of premiums to Unum at one time if you submit the form(s) close to the Feb. 28, 2027 deadline.

Example	
Form Processed	Premiums Due to Unum
February 2027	January + February premiums

Key Reminders and Next Steps (cont.)

If you choose to continue your coverage through direct billing with Unum:

- You will be notified by Unum to confirm the move to direct billing once they have received your completed **Election to Continue Your LTC Insurance Coverage** form(s).
 - Remember: This is the only form that is required to move to direct billing — all other forms in the packet are optional.
- You may also receive a new confirmation statement from Unum with an updated policy number as your coverage moves from a group policy to an individual policy.
- Your current LTC coverage remains intact during the transition — moving to direct billing does not change your benefits, benefit amounts, or policy terms.

Key Reminders and Next Steps (cont.)

If you choose to continue your coverage through direct billing with Unum:

- You are responsible for making all premium payments directly to Unum beginning in Jan. 2027. Missed payments may jeopardize your coverage, so it's critical to pay on time.
- Your premiums should remain at the PEBB rate, but future increases are possible.
- You can use the **Group Long Term Care Request to Change Coverage** form in the packet to make changes to your LTC coverage or cancel at any time.

Questions?

For more information about
Unum LTC coverage:

Unum Customer Service
800-227-4165

For more information about
PEBB benefits:

PEBB Member Services
503-373-1102
PEBB.benefits@odhsoha.oregon.gov