

Notice of Long Term Disability Conversion Privilege



Your group Long Term Disability Insurance has been terminated as of the termination date indicated.

You are hereby notified that you are entitled to convert the terminated group LTD insurance in accordance with the terms of the group policy's conversion privilege summarized in your Certificate of Group Insurance. The conversion certificate will be issued, without medical examinations, at a premium based upon the rate applicable to the class of risk to which you belong and your attained age on the effective date of the conversion policy.

An application for conversion and quote can be obtained by submitting this Notice of Long Term Disability Privilege form to the email address, fax or address shown below.

Your application must be completed and sent to Assurant Employee Benefits with the first full premium within 31 days after the termination date indicated.

Name _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Group policyholder* _____

Group policy number* _____

Termination date _____ Date of this notice _____

Original effective date _____ Amount terminated \$ _____

Reason for termination _____

Date of birth _____ Totally disabled? Yes No

*If the group policy is self-administered or Third Party Administered, an employer signature is required to verify the above employee information.

Employer Signature _____ Title _____

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.