

Notice of Portability Privilege



All of your group Life insurance has been terminated as of the termination date indicated.

You are hereby notified that you may be entitled to port the terminated group Life insurance in accordance with the terms of the group policy's portability provision, summarized in your Certificate of Group Insurance. The maximum portability period is summarized in your Certificate of Group Insurance.

An application for portability and quote can be obtained by submitting this Notice of Portability 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 _____ Life 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.

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