



Distributed by
The Abacus Group LLC

Underwritten by
Union Security Insurance Company
Kansas City, MO

Election of Critical Illness Portability Coverage Instructions & Application

QUALIFYING EVENTS:

Employee:

- You may continue your coverage if your coverage ends either because your employment with the Employer has terminated or this Plan is terminated.

Spouse:

- You may apply to continue your spouse's coverage if your spouse's coverage ends because:
 1. you terminate employment and you apply to continue your coverage under the Employee Portability provision;
 2. the Plan is terminated and you apply to continue your coverage under the Employee Portability provision; or
 3. your coverage under the Plan is terminated because you have received the maximum amount of benefit.
- Your spouse may apply separately to continue his or her coverage only if your spouse's coverage ends because:
 1. you die;
 2. you are legally divorced from your spouse; or
 3. your coverage under the Plan is terminated because you have received the maximum amount of benefit payable under the Plan.

Dependents:

- You may apply to continue your dependent's coverage if your dependent's coverage ends because:
 1. you terminate employment and you apply to continue your coverage under the Employee Portability provision; or
 2. the Plan is terminated and you apply to continue your coverage under the Employee Portability provision.
- Your spouse may apply to continue your dependent's coverage only if you have not elected to apply to continue their coverage, and your spouse's coverage has ended because:
 1. you have received the maximum amount of benefit;
 2. you are legally divorced from your spouse; or
 3. you have died.

You or your spouse must apply for continued coverage in writing within 45 days after the date of the qualifying event.

CRITICAL ILLNESS:

- The amount of insurance in effect on the date your coverage ended will continue. No further increases to your benefit amount will be allowed nor will you be able to add to or increase any Optional Benefit elections.

INSTRUCTIONS: To continue your coverage, you must do the following:

Mail the original of completed application to:

**Administrative Services
300 Southborough Dr. Ste. 200
South Portland, ME 04106-6914**

- or fax to AS at **1-(877) 820-5311**
- Keep a copy for your records
- Upon approval, you will receive a bill from AS. Monthly bills will be mailed to your home mailing address.

If you have any questions when completing this form, please call Toll-Free 1-(800) 877-2701.

**ABACUS - ELECTION OF PORTABILITY COVERAGE
APPLICATION TO CONTINUE CRITICAL ILLNESS INSURANCE**

***Please complete boxes 1-6 for the Primary Insured**

1. Name of Primary Insured _____ Last name First name Middle Initial		2. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
3. Social Security Number: - -	4. Daytime phone number () -	5. Date of Birth / /
6. Mailing Address Street City State Zip Code		
7. Application is being made according to the Portability provision of Group Policy No./Participation No. _____ issued to: _____ (Legal Name of Employer)		8. Reason for requesting Portability coverage: The Primary Insured's employment terminated on _____ Month Day Year <input type="checkbox"/> Divorce <input type="checkbox"/> Death <input type="checkbox"/> The Primary Insured received the maximum benefit
9. Who is applying for Portability Coverage? <input type="checkbox"/> Employee <input type="checkbox"/> Employee / Spouse / Dependent (s) <input type="checkbox"/> Spouse <input type="checkbox"/> Spouse / Dependent (s)		10. Relationship to Primary Insured <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Ex- Spouse

FRAUD NOTICES

Unless specific state language is provided below, and except for Virginia residents, the following general fraud notice applies: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Florida and Oklahoma residents: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree. **Ohio residents:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud. **New Jersey residents:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **New York Residents:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

Portability coverage will become effective the day after your group coverage terminates subject to Union Security Insurance Company receiving a completed election form and the first premium within 45 days from the date your group coverage terminates.

The statements set forth above are true to the best of my knowledge and belief, and may be relied upon by Union Security Insurance Company in considering this application. Further, my signature below acknowledges that I have made a copy of my statements as they appear on this application.

Signature of Applicant _____ Date _____

Printed Name of Applicant _____ Date _____