

Voluntary Life 3-Year Portability Employee Application

(Life Insurance only; no AD&D)

This form must be fully completed, including employer signature line, for accurate and timely processing.

A. Employee information

Name _____
LAST FIRST MI

Date of birth _____ Certificate no. _____ Social Security no. _____

Date of termination _____ Reason for termination _____

B. Employer information

Group policy no. _____

Employer's name, address and telephone no. _____

C. Employee portability information

I wish to continue life insurance on: Myself Myself/my dependent(s)

Your life amount currently in force: \$ _____ Tobacco user Non-tobacco user

Name(s) of dependent(s) to be continued:

Spouse _____ Date of birth _____ Life amount currently in force \$ _____

Tobacco user Non-tobacco user

Child(ren) *(If additional space is needed, please attach list.)*

1. _____ Date of birth _____ Life amount currently in force \$ _____

2. _____ Date of birth _____ Life amount currently in force \$ _____

D. Survivor portability information

Name of person exercising portability _____ Relationship to employee _____

Name(s) of dependent(s) to be continued: Spouse: Tobacco user Non-tobacco user

Spouse _____ Date of birth _____ Life amount currently in force \$ _____

Child(ren) *(If additional space is needed, please attach list.)*

1. _____ Date of birth _____ Life amount currently in force \$ _____

2. _____ Date of birth _____ Life amount currently in force \$ _____

E. Beneficiary for portable certificate

_____ BENEFICIARY NAME RELATIONSHIP

F. Billing information and deposit premium

Applicant's home address _____ (_____) _____
STREET ADDRESS APT. NO. TELEPHONE NO.

_____ CITY STATE ZIP

*Billing mode requested: Monthly Quarterly Semi-annually Annually

**(If total premium is less than \$15.00 per month, monthly billing mode is not available.)*

Premium submitted \$ _____ *(Must equal initial modal premium—see page 3 for example of how to figure.)*

Note: All checks must be drawn to the order of Union Security Insurance Company, and if accepted, are subject to collection.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law.

Applicant's signature _____ Date _____

To be completed by Employer

I have reviewed all of the information above and certify that it is correct to the best of my knowledge.

_____ SIGNATURE OF EMPLOYER TITLE DATE

Union Security Insurance Company

Form 36 (12/98)

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**NOTICE OF PORTABILITY FOR INSURED EMPLOYEES
AND SURVIVING DEPENDENTS UNDER VOLUNTARY LIFE**

Employee and Survivor Portability:

As a covered employee, if your insurance has ended, you may be eligible to continue your plan of group term life insurance and dependent life insurance. In addition, if you are a surviving dependent of a covered employee and your coverage is terminated because of the death of a covered employee, you may be eligible to continue your plan of group term life insurance. Please refer to your certificate of insurance from your Voluntary Group Term Life policy for details regarding your eligibility to port.

Any group accidental death and dismemberment insurance **will not** continue. You may not add or increase any amounts of insurance once you are eligible for or elect portability. Any Disability Benefit provision will not apply to your Portability certificate. All other provisions of the certificate (*including any suicide limitations*) will continue to apply. Please refer to the certificate for complete coverage information.

In order to continue your insurance, you must send Union Security Insurance Company the completed Portability Application on page 2 of this form within 31 days of your termination of insurance. For **Employee Portability**, complete all areas of the portability application except section D. For **Survivor Portability**, complete all areas of the application except section C. In addition, you must also submit your first modal premium to us with this application. To determine the initial premium required, take the monthly premium as an active employee and review the example below to determine the first remittance for the premium mode requested. If you are unsure of the current monthly premium (*or for survivor portability*) please contact the employer for assistance. Upon approval, your certificate will become effective on the first of the month coinciding with or next following date of termination with no break in coverage.

Premium Calculation:

The current monthly premium as an active employee or dependent continues under the portability option. Premiums are age-based and will advance as you and your spouse move to higher age brackets. Age is determined for premium purposes on each January 1. However, your remittance is determined by the billing mode requested and can be determined as follows:

Here's an example of how to figure your first premium:

Your current monthly premium is \$34.90 for yourself, your spouse and your three children.

Initial premium required (*determined by billing mode elected on application*):

For monthly billing	\$ 69.80	(Monthly premium x 2)*
For quarterly billing	\$104.70	(Monthly premium x 3)
For semi-annual billing	\$209.40	(Monthly premium x 6)
For annually billing	\$418.80	(Monthly premium x 12)

*Monthly requires two initial installments

Your portable term certificate will continue as long as you continue to pay the modal premium, for a maximum of 3 years for Employee Portability and Spouse Survivor Portability. You may be eligible to convert your coverage to a separate, individual life policy at any time up to and including the date your portability certificate terminates.

If your employer is subject to Minnesota § 61A.092, a Minnesota life continuation privilege may be available to you. If you choose to continue under this privilege, portability is available after your Minnesota continuation ceases.

Mail your completed Portability Application and initial premium to:

c/o Administrative Systems, Inc.
300 Southborough Drive, Suite 200
South Portland, ME 04106-6914