

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 mailing this Notice of Portability Privilege form to the 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 _____

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

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

Assurant Employee Benefits PO Box 830607 Birmingham Alabama 35283
T 866.909.6065

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