

Notice of Critical Illness Portability Privilege



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

You are hereby notified that you may be entitled to port the terminated group Critical Illness 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 Sun Life Financial 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 _____

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

Employee Signature _____ Title _____

Insurance products are underwritten by Union Security Insurance Company (Kansas City, MO) and administered by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states except New York. In New York, insurance products are underwritten by Union Security Life Insurance Company of New York (Fayetteville, NY) and administered by Sun Life and Health Insurance Company (U.S.) (Lansing, MI).

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