



# ProviderFund® Supplemental Agreement

Employee/Member \_\_\_\_\_

SS no. \_\_\_\_\_

I understand I have the right to receive the life insurance proceeds owed to me in a lump sum, but I have chosen to have those proceeds paid by establishing a ProviderFund® account for my use. Union Security Insurance Company (USIC) agrees to establish the ProviderFund® account upon receipt of this signed contract. I understand and acknowledge:

- **The funds will be held in an interest earning draft account. I will receive a book of drafts (similar to a checkbook). Interest will be credited to my account monthly.**
- **The ProviderFund® account is guaranteed by USIC, a company whose financial strength is rated A-(Excellent) by AM Best. However, the account is not insured by the Federal Deposit Insurance Corporation (FDIC). In the unlikely event of insolvency, funds are protected up to the limits of the applicable State Life and Health Insurance Guaranty Association, but there may be a delay in accessing my funds. I can contact the National Organization of Life and Health Insurance Guaranty Associations (www.nolhga.com) to learn more about the coverage limitations applicable to my account.**
- **The rate of interest on the ProviderFund® account is determined by USIC and reviewed periodically. The amount of interest is determined by comparison to the interest rates offered on similar kinds of accounts. The current interest rate is 1% per annum. I may be able to earn a higher return in other accounts or investment vehicles. USIC recommends that I consult a financial advisor.**
- **I can access the funds in my ProviderFund® account by writing a draft (similar to a check). Some retailers may not accept drafts. I can withdraw the entire balance of the account at any time without penalty simply by writing a draft for the full amount in the account. If my balance falls below \$250, my account will be closed.**
- **Statements will be mailed to me Quarterly.**

**FOR FURTHER INFORMATION, PLEASE CONTACT YOUR STATE DEPARTMENT OF INSURANCE.**

**IF THIS FORM IS NOT RETURNED WITHIN 15 DAYS, A CHECK WILL BE ISSUED.**

There are no separate monthly services fees for ProviderFund® Accounts or charges for replacement drafts. I will only be charged for the following:

Stop Payment Order	\$12.00
Draft Returned Unpaid	\$10.00
Copies of Cancelled Drafts	\$2.00/per draft
Additional Copies of Monthly Statement	\$2.00/per copy

- **The interest earned on my ProviderFund® account may be taxable. USIC recommends that I consult a tax advisor.**

Sun Life Financial is the brand name for insurance products underwritten by Union Security Insurance Company.

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Visit us at [www.sunlife.com/us](http://www.sunlife.com/us).

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- **USIC will periodically review accounts for which there has been no activity for two years. USIC will attempt to contact those account holders to confirm that they still want a ProviderFund<sup>®</sup> account. In the event USIC is unable to contact the accountholder, the funds may be reported to the applicable State as unclaimed property.**
- **The proceeds in my account will be invested by USIC. Any return on that investment will be used to cover USIC's costs of administering and paying interest on the ProviderFund<sup>®</sup> accounts. USIC will retain any excess.**
- **If I have questions about the ProviderFund<sup>®</sup> Account I can call 800.451.4531 ext 2802 or write USIC at P.O. Box 973050 El Paso, Texas 79997-3050.**

I hereby request the USIC establish a ProviderFund<sup>®</sup> Account in my name.

Name \_\_\_\_\_ Date \_\_\_\_\_