

Notice of Conversion Privilege



All or a portion of your group Life insurance has been terminated as of the termination date indicated.

You are hereby notified that you are entitled to convert the terminated group Life insurance to an individual Life insurance policy in accordance with the terms of the group policy's conversion privilege, summarized in your Certificate of Group Insurance. The individual policy will be issued, without medical examination, at a premium based upon the rate applicable to the class of risk to which you belong and your attained age on the effective date of the individual policy.

An application for conversion and quote can be obtained by *submitting* this Notice of Conversion Privilege form to the email address, fax or 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 _____

Street Address _____ City _____ State _____ Zip code _____

Phone Number _____ email address _____

* Group policyholder _____

Group policy number _____

Termination date _____ Date of this notice _____

Original effective date _____ Life Amount terminated \$ _____

Reason for termination _____

Date of birth _____ Totally disabled? Yes No

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

Employer signature _____ Title _____

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