



AMERICAN PUBLIC LIFE

2305 Lakeland Drive, Flowood, Mississippi 39232
Toll Free (800) 256-8606

PORTABILITY ELECTION FORM GROUP CANCER

By signing this Election Form, I am electing to have my cancer coverage continued under the Portability Amendment Rider.

I understand that no new Eligible Dependents may be added to the portability coverage except as provided in the Newborn and Adopted Children provision, and no increases in coverage will be allowed while the Insured is exercising his or her rights under this rider.

Premium for ported coverage will be based on the premium tables used for such coverage at the time of the portability request.

Name (printed): _____

Address: _____
City State Zip

Email Address: _____

Certificate Number: _____

Signed At (City and State)

Date

Signature of Covered Person