## **Notice of Accident Only Portability Privilege**



All of your group Accident Only insurance has been terminated as of the termination date indicated.

You are hereby notified that you may be entitled to port the terminated group Accident Only 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 Ad	Email Address		
*Group Policyholder				
Group Policy Number				
Termination date	Date of the	nis notice		
Original effective date				
Reason for termination				
Date of birth				
* If the group policy is self-administered o employee information	r Third Party Administered, a	an employer signatu	re is required to verify the above	
Employee Signature	Ti	tle		

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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