Notice of Portability Privilege



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

You are hereby notified that you may be entitled to port the terminated group Life 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 notifying your employer, or 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 Union Security Life Insurance Company of New York with the first full premium:

- A. within 31 days after the termination date indicated, or
- B. within 45 days after notice is given, provided this notice is given more than 15 days after the termination date and within 90 days from the termination date.

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	e Amount terminated	d\$	
Reason for termination				
Date of birth		Totally disabled?	□Yes	□No
* If the group policy is self-administered or Thi employee information.	rd Party Administ	ered, an employer s	ignature is	required to verify the above
Employer signature		Title		
In New York, insurance products are underwritten by	by Union Security L	ife Insurance Company	of New Yo	rk (Fayetteville, NY) and admin-

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Union Security Life Insurance Company of New York

Administered by: **Sun Life Financial** PO Box 219304 Kansas City Missouri 64121 T 866.909.6065; F 816.556.7747; individualteam@sunlife.com

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