Application for Portability

ADVANCE* Insurance Company of Kansas

I, _____, insured under Group Policy No. _____

issued to _____ (name of participating employer),

my Social Security Number _____, in accordance with and subject to all the terms and conditions of said group policy, make application to continue my insurance pursuant to the terms of the portability provision of the group policy, such policy to be continued in accordance with the following requests and statements of fact:

Coverage is to be continued:

☐ for Myself (the employee)	☐ Life	☐ Life/AD&D	Amount _____
☐ my Spouse*	☐ Life	☐ Life/AD&D	Amount _____
☐ my Dependent Child(ren)*	☐ Life	☐ Life/AD&D	Amount _____

*Coverage for your Spouse or Dependent Children may be ported only if you (the employee) are making application for the portability of your coverage, too. Otherwise, they will need to request continuation of coverage under the Conversion Privilege.

Date my employment terminated _____

Date of birth _____ Date my insurance terminated _____

Reason for termination of employment _____

Present occupation _____

Address to which premium notices should be mailed _____

Beneficiary _____

Relationship of beneficiary _____

(If beneficiary address is other than above, give address) _____

The designation of beneficiary set forth above, if different from the designation for the group policy, shall be deemed written notice of change of beneficiary under the group policy, effective from the date of execution of this application.

Premiums payable: $ _____

Dated at _____ this _____ day of _____ 20 _____

_____ Signature of insured _____

Witness to signature of Insured — First Name-Initial-Last Name

Application for portability plus remittance for the first premium must be given to the insurance company within thirty-one days from the date of termination of the your employment.

If your employment is terminating because you are disabled or retiring, you are not eligible for portability.

If you have any questions on this application, please contact our office at the numbers shown above or through our Web site.

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*An Independent Licensee of the Blue Cross and Blue Shield Association