

Application for Portability



Application for portability plus remittance for the first premium must be given to Advance Insurance Company of Kansas (AICK) within thirty-one days of the date of termination of the former insured's group life insurance as provided in the group policy.

In accordance with and subject to all terms and conditions of said group policy, the person shown in Section 1 is making application to continue their insurance pursuant to the terms of the portability provision of the group policy. Such policy is to be continued in accordance with the following requests and statements of fact:

Section 1 – Insured Information

Name of Employer (the group policyholder) _____

First Name _____ MI _____ Gender Male Female Date of Birth ____/____/____

Last Name _____ Suffix _____ Social Security Number _____

Address to which the premium notices should be mailed _____ (____) _____-____ Home Phone Number (____) _____-____ Cell Phone Number

City _____ (____) _____-____ Work Phone Number

State _____ ZIP Code _____+4 _____ Date Employment Terminated ____/____/____

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

Section 2 – Portability Coverage

Coverage is to be continued for:

<input type="checkbox"/> Myself (the employee)	<input type="checkbox"/> Life	<input type="checkbox"/> Life/AD&D	Amount: \$ _____
<input type="checkbox"/> My spouse*	<input type="checkbox"/> Life	<input type="checkbox"/> Life/AD&D	Amount: \$ _____
<input type="checkbox"/> My dependent child(ren)*	<input type="checkbox"/> Life	<input type="checkbox"/> 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.

If you wish to be autodrafted for premiums, please complete form AICK 25A – Automatic Payment Authorization, which is available on our website: www.advanceinsurance.com

Section 3 – Beneficiary Information

If the designation of beneficiary shown below is different than the designation for the group policy, it will be deemed written notice of change of beneficiary under the group policy effective from the date of execution of this application.

If you need more space, attach a separate sheet with complete information that **you have signed and dated**.

First Name _____ MI _____ Relationship to Applicant _____ Date of Birth ____/____/____

Last Name _____ Suffix _____

Section 4 – Authorization

Your signature required

Signature of Insured _____ Date Signed ____/____/____

Print Name _____