

Employee Application For Conversion Coverage Long Term Disability Insurance

1. Prospective person insured _____ Date of birth _____

2. Address _____
NUMBER AND STREET

_____ CITY STATE ZIP CODE

3. Group policyholder _____

4. Group policy no. _____ 5. Certificate no. _____ 6. Social Security no. _____

7. Effective date of group insurance _____ 8. Termination date of group insurance _____

9. Reason for termination _____

10. Is there now in effect, or applied for but not yet issued, any other coverage (group or otherwise) providing Long Term Disability Benefits? Yes No If "Yes," please furnish details of this coverage or a copy of the benefit booklet.

11. Initial quarterly premium _____ **Note:** All checks must be drawn to the order of Union Security Insurance Company. If accepted, are accepted subject to collection.

I HEREBY: A) Request application under a Group Long Term Disability Insurance Conversion Policy to become effective on the day following the date of termination shown in item 8 above, B) declare that the coverage for which application is requested is to replace the Long Term Disability Insurance under the group policy identified in item 4 above, C) agree that the coverage for which application is requested shall not become effective unless application is approved by Union Security Insurance Company according to its underwriting rules and procedures for conversion coverage currently in effect, and D) certify that all of the above statements are, to the best of my knowledge and belief, true and complete.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud as determined by a court of law.

Signed at _____ Date _____
CITY AND STATE OR OTHER JURISDICTION

Signature _____ Signature _____
WITNESS PROSPECTIVE INSURED

(over)

Union Security Insurance Company
Mail to: PO Box 219304 Kansas City Missouri 64121
T 866.909.6065

