

Statement of Loss of Dental Coverage Due to Life Event



In order for Union Security Life Insurance Company of New York to waive the Late Entrant Limitation for a specific insured, the following statement and proof of prior coverage must be submitted to: Sun Life Financial — Administrative Office P.O. Box 981624 El Paso, Texas 79998-1624

EMPLOYEE'S NAME

DEPENDENT'S NAME(S)

I hereby attest that I and/or my dependent (*circle all that apply*) have lost dental coverage due to the following Life Event:

- Divorce
- Legal separation
- Death of a spouse

For the following Life Events, explain in detail in the space provided below:

- Loss of dependent status (e.g. child attains limiting age)
- Significant change in employment status (loss of job) or insurance coverage (loss of coverage) for the employee or dependent.

Date of Life Event _____

Application for waiver of the Late Entrant Limitation must be made within 31 days of the Life Event.

You must attach proof of prior coverage (ID card, Explanation of Benefits, etc.) to this Statement.

EMPLOYEE'S NAME (*PLEASE PRINT*)

PLAN ADMINISTRATOR'S NAME

EMPLOYEE'S SIGNATURE

PLAN ADMINISTRATOR'S SIGNATURE

SOCIAL SECURITY NUMBER

DATE

DATE

GROUP NAME

GROUP ID

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).

© 2016 Sun Life Assurance Company of Canada, Wellesley Hills, MA 02481. All rights reserved. Sun Life Financial and the globe symbol are registered trademarks of Sun Life Assurance Company of Canada. Visit us at www.sunlife.com/us.

Union Security Life Insurance Company of New York

Administered by: **Sun Life Financial** 2323 Grand Boulevard Kansas City Missouri 64108-2670

KC3955ANY (08/2016)