

Employer:

Please note, the employee must apply and pay for Life Portability within 31 days from the date of loss of coverage. You must notify the employee of their Portability rights immediately following loss of coverage. If the application is received after 31 days, Life Portability coverage may be denied. **Do not wait until termination of the group life insurance coverage.**

- Complete Employer section below. Sign and date the form to confirm member eligibility information.
- Provide the completed form and this checklist to the employee immediately following loss of coverage.
- The Lincoln National Life Insurance Company will work directly with the employee / proposed insured regarding the Life Portability application process.

<b>Employer (Firm Name and Division):</b>			
Employer's Address (Street, City, State, Zip):		Group Life Policy Number:	
Name of person eligible for portable Group Term Life Insurance:	Class (if applicable):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date eligibility for Group Life Insurance ceased:
Amount of current Group Life Insurance: Applicant Amount \$ _____ Spouse Amount \$ _____ Dependent Amount \$ _____			Date this person was first insured under the Group Life Insurance Policy:
Reason for termination of primary applicant's Group Life coverage: <input type="checkbox"/> Employment terminated or membership in an eligible class terminated <input type="checkbox"/> Class of eligible persons terminated		Was this person actively at work on the date of separation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Employer Signature:		Date:	

Dear employee:

If you are no longer eligible for coverage under the group life insurance policy, or you lost a portion of your coverage due an Age Reduction Schedule, you (and/or your covered dependent(s)) may be eligible to continue coverage via portability.

If you wish to port your coverage, please call us at **1-877-321-1015**, to receive a quote. When you call, please have the following information ready:

- The Employer section completed by your employer
- Social Security Number(s)
- Names and addresses for all parties eligible to convert

Please refer to your Certificate of Coverage regarding any limitations and termination provisions for this coverage. **You must submit all forms and payment within the grace period for Portability indicated in your Certificate of Coverage (generally 31 days).**

Note:

For Minnesota residents, you may be able to keep your Group Life Insurance through continuation. If you live in Minnesota and would like additional information, please call us at 1-877-321-1015.