Lincoln Financial Group®

Life Portability/Extended Continuation Instructions

Employer:

Please note, the employee must apply and pay for Life Portability/Extended Continuation within 31 days from the date of loss of coverage, or with any extended continuation notice period, whichever is later. You must notify the employee of their Portability rights immediately following loss of coverage. If the application is received after 31 days or any applicable extended continuation notice period, 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.
- Lincoln will work directly with the employee/proposed insured regarding the Life Portability/Extended Continuation application process.

Employer (Firm Name and Division):		Group Life Policy Number:
Name of person eligible for portable Group Term Life Insurance:		Date of Birth:
Employee Address (Street, City, State, Zip):	Employee Phone:	Employee Email Address:
Class (if applicable):	Sex: ☐ Male ☐ 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 ☐ Employment terminated or membership in an eligible class terminated ☐ Class of eligible persons terminated ☐ Loss (or Reduction) of coverage due to Reduction Schedule (or Salary Change) Current Amount: _____ Reduced Amount: _____ ☐ Retirement ☐ Employment status changed from FT to PT ☐ Leave of Absence Person no longer dependent because: ☐ Employee deceased ☐ Child obtained limiting age ☐ Divorce or legal separation from insured ☐ Child no longer dependent due to marriage, etc.	Was this person actively at work on the date of separation? ☐ Yes ☐ No ☐ 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 to an Age Reduction Schedule, you (and/or your covered dependent(s)) may be eligible to continue coverage via portability/extended continuation.

If you wish to port/continue 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/Extended Continuation indicated in your Certificate of Coverage (generally 31 days, unless an extended notice period applies).**

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.