



Voluntary Benefits Portability Election Form

If your Group Master Policy and Certificate contain a Portability provision, you may elect the Portability coverage, subject to the limitations and conditions as described within the provision. You must apply for Portability coverage within 46 days after termination of your insurance benefits. For those who are eligible, complete this form and return it to:

ManhattanLife Enrollment
PO Box 926169
Houston TX 77292
Fax: 1-855-710-6864

Please refer to your policy certificate for specific criteria.

Employee Information (Must be completed by the Insured/Employee)

Employee Name _____ Employee Date of Birth ____/____/____

Employee Social Security No. _____ Address _____

City _____ State _____ Zip _____

Home Telephone Number (____) _____

Date of Coverage Termination ____/____/____

Certificate Number (if known) or Product Description _____

Group Name and Group Number (if known) _____

I am currently disabled. Yes No

I, the Employee indicated in Section I., understand and agree that Portability coverage will be provided in accordance with the provisions contained in the Group Insurance Master Policy, and that such coverage is subject to the satisfaction of the conditions therein.

Signature of Insured/Employee Date ____/____/____

Please complete the attached **Bank Draft Authorization form**. Completion of this form gives ManhattanLife Insurance Company authorization to make automatic deductions from your bank account for payment for premiums.

If you have any questions, you may contact Customer Service at 1-855-448-6982.



PO Box 926169
Houston, TX 77292
Fax: 1-855-710-6864

Voluntary Benefits Bank Draft Authorization

Policy Number(s): _____

Name of Bank Account Holder (Print First Name, MI, Last Name): _____

Name of Owner (if different from Account Holder) (Print First Name, MI, Last Name): _____

Debit/credit on the date of policy (1-28 only; 29 - 31 not available). **If no election is made, debits/credits will be made on the first day of the month. Debits for the initial premium will be made when the policy is issued. Recurring payments will be debited on the day selected.**

Authorization for Automatic Payment by Bank Draft

Bank Draft Information (Attach Voided Check)

Route and Transit Number: Account Number:

Bank Name and Address: _____

ManhattanLife Insurance Company shall not incur any liability if a draft is returned unpaid by the bank. Drafts which do not clear within the time stipulated in the policy for payment of premium shall constitute nonpayment of premiums and coverage shall lapse subject to non-forfeiture provisions.

As a convenience to me, I request and authorize **ManhattanLife Insurance Company** to make deductions automatically every payment period for payments of premiums from my: savings account checking account

1. Your payment mode will remain the same as it is today. Your premium amount will reflect the new method of payment.
2. Each debit/charge shall constitute proper notice of premium due and will be made on the day selected above or, if no day is selected, the day of policy.
3. This Authorization shall not become effective unless and until the policy is issued.
4. This Authorization shall not be construed as modifying any provisions of the policy.
5. This Authorization may be discontinued by ManhattanLife Insurance Company or by the undersigned at anytime within FIVE (5) business days prior to the payment date. Upon termination of this Authorization, premiums for the policy will be payable on the same billing date.
6. Once set up on bank draft, ManhattanLife will draft any premiums due to pay the policy current.

Signature of Bank Account Holder:

Date:

Signature of Owner (if different from Account Holder):

Date:

Please attach a voided check.