

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

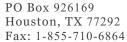
Please refer to your policy certificate for specific criteria.

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

Employee Name		En	nployee Date of I	3irth		
Employee Social Security No)	Ad	dress			
City	_State	Zip				
Home Telephone Number (_)					
Date of CoverageTermination	n//					
Certificate Number (if knows	n) or Product Description					
Group Name and Group Nun	nber (ifknown)					
I am currently disabled. Yes	No					
I, the Employee indicated in the provisions contained in the conditions therein.	Section I., understand an the Group Insurance Ma	d agree that P aster Policy, a	Portability coverand that such co	age will be pr verage is sul	ovided in a bject to the	ccordance with satisfaction of
Signature of Insured/Employ	yee		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.





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 Nam	e):			
Debit/credit on the date of policy (1-28 only; 29 - 31 not available). If made on the first day of the month. Debits for the initial premium recurring payments will be debited on the day selected.				
☐ Authorization for Automatic Payment by Bank Draft				
Bank Draft Information (Attach Voided Check)				
Routeand Transit Number: Account Number:				
Bank Name and Address:				
ManhattanLife Insurance Company shall not incur any liability if a draft is ret clear within the time stipulated in the policy for payment of premium shall co shall lapse subject to non-forfeiture provisions.	- · ·			
As a convenience to me, I request and authorize ManhattanLife Insurance every payment period for payments of premiums from my: \square savings account				
 Your payment mode will remain the same as it is today. Your premium amo Each debit/charge shall constitute proper notice of premium due and will b 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				
5. This Authorization may be discontinued by ManhattanLife Insurance Comwithin FIVE (5) business days prior to the payment date. Upon termination will be payable on the same billing date.				
6. Once set up on bank draft, ManhattanLife will draft any premiums due to	pay the policycurrent.			
Signature of Bank Account Holder:	Date:			
Signature of Owner (if different from Account Holder):	Date:			

Please attach a voided check.