



## 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.

