

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

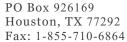
Please refer to your policy certificate for specific criteria.

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

Employee Name	Employee Date of Birth
Employee Social Security No	Address
CityStateZip	
Home Telephone Number ()	
Date of CoverageTermination/	<u> </u>
Certificate Number (if known) or Product Description	
Group Name and Group Number (ifknown)	
I am currently disabled. Yes No	
I, the Employee indicated in Section I., understand and agree the provisions contained in the Group Insurance Master Po the conditions therein.	that Portability coverage will be provided in accordance with licy, and that such coverage is subject to the satisfaction of
Signature of Insured/Employee	

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.