

**Assurant Employee Benefits**

P.O. Box 830607  
Birmingham, AL 35283  
866-909-6065  
205-909-5580 (fax)

**Notice of Conversion Privilege – Long Term Disability**

Your group Long Term Disability Insurance has been terminated as of the Termination Date indicated.

You are hereby notified that you are entitled to convert the terminated group LTD insurance in accordance with the terms of the group policy's conversion privilege summarized in your Certificate of Group Insurance. The conversion certificate will be issued, without medical examinations, at a premium based upon the rate applicable to the class of risk to which you belong and your attained age on the effective date of the conversion policy.

An application for conversion and quote can be obtained by mailing this Notice of Conversion Privilege form to the address shown above.

Your application must be completed and sent to Assurant Employee Benefits with the first full premium.

- A. within **31 days** after the termination date indicated, or,
- B. within 15 days after the date of this notice, provided this notice is dated more than 15 days after the termination date and within 91 days from the termination date.

Name:

Address:

Group policyholder: **PSBA Insurance Trust**

School Group name:

Group policy number: **16,555** Part. # Acct. #

Termination date:

Date of this notice:

Original effective date:

Amount terminated: \$

Date of birth:

Totally disabled? Yes No

**Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.**