

Sun Life Assurance Company of Canada

Portability Notice



- Employer Instructions:
- Please complete sections 1 through 4 of this form.
 - Inform the employee that he/she has 31 days from the date of termination to apply for Portability. (Some policies may be longer. Check your group insurance booklet/certificate.)
 - Provide the employee with:
 - This completed form
 - Employee Kit for Group Life Portability, Order # GR/1845
 - Portability Application (Order # varies by state)

1 Employer Information

Questions about Portability? Call our Customer Service Center at 1-800-247-6875.

Name of group policyholder Valassis Communications, Inc.		Group policy number 202983	
Name of person completing this form (Employer administrative contact)	Title	Phone number	

2 Employee Information

To be completed by the employer.

Employee name (first, middle initial, last)			Class
Date of birth	Social Security number	Basic Annual Salary	Date last worked
Date of termination (m/d/y)		Date optional coverage terminates (if different)	

- Was the employee totally disabled on the termination date? Yes No
 Has a Waiver of Premium claim been filed? Yes No
 Are premiums still being paid by the employer? Yes No

3 Coverage Information

To be completed by the employer.

Select the appropriate coverage information, according to the group insurance booklet/certificate and/or Optional benefit. Fill in current amount of coverage

<input type="checkbox"/> Employee Basic Life \$	<input type="checkbox"/> Employee Optional / Voluntary Life \$
<input type="checkbox"/> Employee Basic AD&D \$	<input type="checkbox"/> Employee Optional / Voluntary AD&D \$
<input type="checkbox"/> Spouse Basic Life \$	<input type="checkbox"/> Spouse Optional / Voluntary Life \$
<input type="checkbox"/> Spouse Basic AD&D \$	<input type="checkbox"/> Spouse Optional / Voluntary AD&D \$
<input type="checkbox"/> Child Basic Life \$	<input type="checkbox"/> Child Optional / Voluntary Life \$
<input type="checkbox"/> Child Basic AD&D \$	<input type="checkbox"/> Child Optional / Voluntary AD&D \$

4 Signature

Signature of person completing this form (Employer administrative contact) X	Today's date
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