



PO Box 1650
Little Rock, Arkansas 72203

Application for Portability of Accident Recovery, Cancer Care, Critical Care, Hospital Care

Employer information		
Employer name	Policy Number	
Employee information		
Name	Date of Birth	Member ID & SSN
Address (street, city, state, zip)		Daytime phone number
Date leaving employer's active plan	Reason for leaving (retirement, termination of employment, etc.)	
Were you actively at work on the day before your termination? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you answered No, was your absence due to sickness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current portable benefits from USABLE Life (check all that apply)		Benefits to be continued (No additions to benefits or covered persons allowed at this time. You may drop dependent coverage.)
<input type="checkbox"/> Accident Recovery <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family <input type="checkbox"/> Cancer and/or Critical Care <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family <input type="checkbox"/> Hospital Care <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family		<input type="checkbox"/> Accident Recovery <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family <input type="checkbox"/> Cancer and/or Critical Care <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family <input type="checkbox"/> Hospital Care <input type="checkbox"/> Employee <input type="checkbox"/> Employee + Spouse <input type="checkbox"/> Employee + Child(ren) <input type="checkbox"/> Employee + Family

To insure no lapse in your coverage, please submit two months premium with this application along with a voided check. USABLE Life will send you a letter indicating the first premium payment amount and the date drafts will start, after receiving your election form and premium payments. Future premiums will be drafted from your checking account via electronic funds transfer (EFT).

EFT automatically deducts the premium from your checking account each month. Please check the box below authorizing USABLE Life to deduct the premium and then sign this form at the bottom.

I authorize USABLE Life to deduct charges equal to the monthly premium for the insurance coverage indicated above against my bank account at the financial institution noted on the attached voided check and to withdraw that premium from my account.

Insurance Fraud Warning – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicant signature X	Date signed
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