ABACUS SERIES™
Underwritten by KANSAS CITY LIFE INSURANCE COMPANY

Election of Portability Coverage

1 Last Name	First Name	Middle Initial	❑ Male ❑ Female	
2 Social Security #	Date of Birth	Cell/Home Phone		
3 Street	City	State	ZIP Code	

4 Application is being made according to the Portability provision of Group Policy No./Participation No. _____ issued to:

_____
(Legal name of Employer)

_____
(Address of Employer)

_____

_____
(Phone number of Employer)

5 Reason for requesting Portability coverage:

My employment terminated on _____/_____/_____
Month Day Year

Reason for terminating employment:

❑ Self-Initiated ❑ Retirement ❑ Labor Strike

❑ Lay Off ❑ Leave of Absence

❑ Other (explain) _____

QUESTIONS 6, 7 and 8 are DISABILITY COVERAGE ONLY

6 Are you disabled from a sickness or injury?

❑ Yes ❑ No

7 Annual Salary: (During the 12 months just prior to the date of this application - for this employer only)

$_____

8 Are you covered for any other Disability Income Insurance other than item #4? ❑ Yes ❑ No

If Yes, please provide name of insurer _____
and policy type ❑ Individual ❑ Group ❑ STD ❑ LTD ❑ Life
You are not eligible for the Portability Coverage if you have other group disability insurance.

9 Coverage and Amount they wish to Port:

STD ❑ Cancer ❑
LTD ❑ Accident ❑
Life ❑

FRAUD NOTICES

Unless specific state language is provided below, and except for Virginia residents, the following general fraud notice applies: *Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.*

Florida and Oklahoma residents: *Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony in the third degree.*

Ohio residents: *Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.*

New Jersey residents: *Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.*

New York residents: *Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.*

The statements set forth above are true to the best of my knowledge and belief, and may be relied upon by Kansas City Life in considering this application. Further, my signature below acknowledges that I have made a copy of my statements as they appear on this application.
Life: Can port under group policy until end of calendar year, and then can move to Portability Policy for 2 years.
DI: The insurance continued [will be]/[cannot exceed] the benefit level in force on the date his employment ended, provided premiums are paid. Weekly Earnings are based on earnings in effect on the date his employment ended.

Note: Other eligibility criteria may apply; refer to your cerrtificate of insurance for details.

10 Signature _____ Date _____

Refer to master certificate - You must submit this request form within 31 days after the date Your employment ends.
Completed form must be mailed to:

North American Benefits Company
ATTN: Administration Dept.
P.O. Box 3056
Southeastern, PA 19398-3056

GA170