



Underwritten by KANSAS CITY LIFE INSURANCE COMPANY



Election of Portability Coverage

1 Last Name	First Name	Middle Initial	<input type="checkbox"/> Male <input type="checkbox"/> 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: <input type="checkbox"/> Self-Initiated <input type="checkbox"/> Retirement <input type="checkbox"/> Labor Strike <input type="checkbox"/> Lay Off <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Other (explain) _____	
6 Are you disabled from a sickness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide name of insurer _____ and policy type <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> STD <input type="checkbox"/> LTD <input type="checkbox"/> Life You are not eligible for the Portability Coverage if you have other group disability insurance.			

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.

California residents: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.

9 Signature _____ Date _____