

**Statement of Loss of Dental Coverage
Due to Life Event**



In order for Union Security Insurance Company to waive the Late Entrant Limitation for a specific insured, the following statement and proof of prior coverage must be submitted to: Assurant Employee Benefits—Customer Relations area, PO Box 419262, Kansas City, MO 64141-6262.

EMPLOYEE'S NAME

DEPENDENT'S NAME(S)

I hereby attest that I and/or my dependent (*circle all that apply*) have lost dental coverage due to the following Life Event:

- Divorce
- Legal separation
- Death of a spouse

For the following Life Events, explain in detail in the space provided below:

- Loss of dependent status (e.g. child attains limiting age)
- Significant change in employment status (loss of job) or insurance coverage (loss of coverage) for the employee or dependent.

Date of Life Event _____

Application for waiver of the Late Entrant Limitation must be made within 31 days of the Life Event.

You must attach proof of prior coverage (ID card, Explanation of Benefits, etc.) to this Statement.

EMPLOYEE'S NAME (*PLEASE PRINT*)

PLAN ADMINISTRATOR'S NAME

EMPLOYEE'S SIGNATURE

PLAN ADMINISTRATOR'S SIGNATURE

DATE

DATE

POLICYHOLDER'S NAME

POLICY NUMBER

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