LAPSE DESIGNEE FORM
Group Term Life Insurance with Long-Term Care Accelerated Death Benefit Rider

As protection against unintentional lapse, you have the right to name at least one person, in addition to yourself, to receive written notice if your insurance coverage under the Group Policy is in danger of terminating due to nonpayment of premium.

- You may designate one person below.
- You may instead elect **not** to designate anyone by signing the waiver section.
- You may change or update this designation at any time by submitting a new form.
- You will be reminded of this right at least once every two (2) years.

Designation of a lapse designee does **not** create any obligation or liability for that person with respect to your insurance or benefits.

CERTIFICATEHOLDER INFORMATION

Name:

_____

Last 4 digits of SSN: _____ **Certificate #:** _____

Address:

_____

City, State, Zip:

_____

OPTION 1 - LAPSE DESIGNEE

Designee Name:

_____

Address:

_____

City, State, Zip:

_____

☐ Check here if you are replacing all prior designees.

OPTION 2 - WAIVER OF DESIGNATION

If you do not wish to designate anyone, check the box below and sign:

☐ **I elect NOT to designate a person to receive notice.**

Protection against unintended lapse: I understand that I have the right to designate at least one person other than myself to receive notice of lapse or termination of this long-term care insurance coverage for nonpayment of premium. I understand that notice will not be given until thirty (30) days after a premium is due and unpaid.

SIGNATURE

By signing below, I confirm that the information provided is accurate and that I either:

- Designated the person listed above to receive notice of lapse or termination **OR**
- Waived my right to designate anyone.

Certificate Holder Signature: _____

Date: _____