

EMPLOYEE NOTICE TERMINATION OF GROUP INSURANCE

Effective 12:01 a.m. on _____, your group insurance provided by Sentry Life Insurance Company of New York will terminate. Unless otherwise provided in the policy, Sentry Life Insurance Company of New York will not be liable for claims or losses after that date. In any instance, in which the plan involves contributions from you, if the policyholder or your employer continues to collect contributions for the coverage beyond the date of termination, the policyholder or your employer may be held solely liable for the benefits with respect to which the contributions have been collected. (The above termination date includes any applicable grace period.)

Notice of Life Conversion

If your coverage includes life insurance, a conversion policy may be available upon request. You are eligible for a Conversion Policy because one of the following has occurred: (1) employment ended, (2) you are no longer in a class eligible for insurance, or (3) you entered a class which resulted in reduced life benefits. You have the right to convert all or part of your life insurance coverage to an individual life insurance plan. Written application and the first premium payment must be made to Sentry within 31 days after insurance ends or reduces.

Coverage Continuation

Continuation of dental coverage, if a part of your plan, may be available under certain circumstances to employees and dependents. Contact your employer for continuation forms.

Refer to your certificate for additional information concerning what rights, if any, are available to you upon termination.

***If you are interested in obtaining conversion life coverage to an individual life policy, please provide us with the following information:

Employee Name: _____ Date of Birth: _____

Home Address: _____

Retirement Date or Employee Termination Date: _____

Email address and/or daytime phone number: _____

Signed: _____ Date: _____

Email this request to GroupAdmin@Sentry.com , fax to 715-346-8901 or mail to:

Sentry Life Insurance Company of New York
Group Underwriting
2225 Minnesota Avenue
PO Box 8024
Stevens Point, WI 54481-8024