

Request for Portability of Critical Illness Insurance *

This portability request form should be used with plans that may include Child Critical Illness, Additional Critical Illness , or Partial Benefit Critical Illness plan options.

PLEASE NOTE: This form must be received by UnitedHealthcare within 31 days of Date of Termination. All sections of this form must be complete for us to process your request



F. Quarterly or Annual Premium Calculation

1MFBTF DIPPTF FJUIFS 2VBSUF SM 2VBSUF SMEDPS BMMJOH

Quarterly Premium Calculations for the first 12
Months of Portability

