Portability Benefit Request Form

To Continue Supplemental/Optional/Voluntary Group Term Life Coverage

Request is hereby made to continue the Employee Supplemental/Optional/Voluntary Group Term Life/AD&D Insurance marked below under the Portability option.

Important: To be eligible for continued coverage, this request and the initial premium check must be received by the Insurance Company[1] within 31 days of termination of employment.

Mail completed form and initial premium check to:
Special Operations Unit
P.O. Box 182361
Columbus, OH 43218-2361

Phone: 800-801-6142

Section 1: To be completed by employer

Employer name			Group no.
Employer representative	Employer representative title		Phone no.
Reason employment terminated	Effective date of coverage (MMDDYYYY)		Date last worked (MMDDYYYY)
Employee last name	First name	M.I.	Insurance termination date (MMDDYYYY)
Class no.	Social Security no.	Sex ☐ Male ☐ Female / Age	Date of birth (MMDDYYYY)

Employee	Spouse	Children
Supplemental/optional/voluntary life amount $_____	Supplemental/optional/voluntary life amount $_____	Supplemental/optional/voluntary life amount $_____
Supplemental/optional/voluntary AD&D amount $_____	Supplemental/optional/voluntary AD&D amount $_____	Supplemental/optional/voluntary AD&D amount $_____

Signature of authorized employee representative X	Date (MMDDYYYY)

Section 2: To be completed by employee

Unless otherwise detailed in your certificate of coverage, to be eligible to port insurance coverage you must be under the age of 65, continuously covered under the plan for 12 months and be terminating employment - see your Certificate for eligibility details and portability provisions. **Your certificate fully describes the portability option and eligibility requirements.**

Employee coverage is required to continue any dependent coverage and dependent coverage may be limited to 50% of employee coverage. **Please review your certificate.**

If both employee and spouse are insured, children will be considered dependents of only one of the parents at the employee's option. Portability of dependent spouse and/or children may not be available under all plans. **Please review your certificate.**

Employee phone no.	Email address	Premium payment schedule selection ☐ Quarterly ☐ Semi–annual ☐ Annual	
Street Address	City	State	ZIP Code

Portability options

Options	Name	Life amount to be ported	AD&D amount to be ported	Decline to port	Gender	Date of birth	Age	Full-time student?	Social Security no.
Employee		$	$	☐	☐ M ☐ F				
Spouse		$	$	☐	☐ M ☐ F				
Child		$	$	☐	☐ M ☐ F			☐ Y ☐ N	
Child		$	$	☐	☐ M ☐ F			☐ Y ☐ N	
Child		$	$	☐	☐ M ☐ F			☐ Y ☐ N	

[1] Used herein, 'Insurance Company' means: Anthem Life Insurance Company, Anthem Life & Disability Insurance Company, Anthem Blue Cross Life and Health Insurance Company, Greater Georgia Life Insurance Company, UniCare Life & Health Insurance Company.

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningun costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

Beneficiary designation

Beneficiary	Name	Date of birth	Relationship	Social Security no.
☐ Primary				
☐ Contingent				

Your life insurance options upon termination coverage. See Section 1 for the specific types and amounts of insurance that can be continued.

When your employment ends (or in certain other situations in which Supplemental/Optional/Voluntary Group Term Life/AD&D Coverage could be terminated), you may elect the option of portability to ensure continued life insurance coverage. Refer to your Certificate of Coverage for specific information on coverages eligible for Portability.

When your group coverage is scheduled to end as stated in the portability section of your Certificate of Coverage, you may have the option of continuing coverage under the portability provision of the Group Policy.

Premiums will continue under the rate schedule below and will be determined by your age as of the effective date of your Portability coverage. Life Conversion may be available when coverage under Portability terminates.

If Portability is elected: Supplemental/Optional/Voluntary Group Term Life/AD&D coverage may be continued at the amount in force, as shown in Section 1, on the date your employment terminates. Your request for Portability and initial premium payment must be received by the Insurance Company within 31 days of your coverage terminationdate. You may elect a quarterly, semi-annual, or annual premium payment schedule. If you choose Portability, send this completed request form and your first premium payment to the Insurance Company at the address shown on this form.

For New York residents, the following statement 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 shall also be subject to a civil penalty not to exceed $5,000 and the stated value of the claimfor each violation.

Employee signature	Print name	Date (MMDDYYYY)
X		

Supplemental/Optional/Voluntary Group Term Life portability rates
Monthly Supplemental/Optional/Voluntary Group Term Life portability rates per $1,000 of benefit

Employee/Spouse age[2]	Employee/Spouse rate[2]	Employee/Spouse age[2]	Employee/Spouse rate[2]	Child rate[3]
Less than 25	$0.16	50 – 54	$0.93	$0.42
25 – 29	$0.16	55 – 59	$1.59	
30 – 34	$0.16	60 – 64	$2.22	
35 – 39	$0.22	65 – 69	$3.89	
40 – 44	$0.36			
45 – 49	$0.55			

Supplemental/Optional/Voluntary AD&D Employee/Spouse/Child rates.	
Employee/Spouse/Child AD&D rate	$0.04

[2]Employee/Spouse rate is based on the employee or spouse age.
[3]The child rate per $1,000 applies only once regardless of the number of children.

Premium rate calculation examples for employee/spouse benefits:

Example @ age 47 for a $50,000 benefit

- Quarterly — $0.55 x 50 x 3 = $82.50 Semi Annual — $0.55 x 50 x 6 = $165.00 Annual — $0.55 x 50 x 12 = $330.00

Premium rate calculation examples for $ 5,000 child benefit:

- Quarterly — $0.42 X 5 X 3 = $6.30 Semi Annual — $0.42 X 5 X 6 = $12.60 Annual — $0.42 X 5 X 12 = $25.20

Home office use only

Effective date (MMDDYYYY)	Benefit amount	Premium