

Group Life Portability Application

ReliaStar Life Insurance Company
Home Office: Minneapolis, Minnesota

Employer / Administrator:

Read the certificate to determine eligibility for portability. Complete and sign the Employer/Administrator section of this form. Send this form to the employee to complete, along with copies of beneficiary designations and assignments.

Employee:

Complete the Employee section and return the form to the address shown at the end of the form. Be sure to include copies of beneficiary designations and assignments. **Coverage can not be ported without this information. The insurer must receive this completed form within 31 days of the coverage termination date.**

THIS SECTION TO BE COMPLETED BY EMPLOYER/ADMINISTRATOR

Employer or Group name Lubbock County	Group Policy number(s) 67501-6	Account number 0001	Date of hire	Annual Salary at Termination
Employee name	Social Security Number	Date of birth	Date last worked	Coverage termination date

Coverage Type	Coverage Effective Date (mm/dd/yyyy)	Coverage Amount at Termination
Employee Basic Life Insurance		\$
Employee Supplemental Life Insurance		\$
Dependent Spouse Supplemental Life Insurance		\$
Dependent Child(ren) Supplemental Life Insurance		\$

I certify that the above information is true and correct according to the employer's records.

This form will be <input type="checkbox"/> handed <input type="checkbox"/> mailed to employee on _____ (date)	
Authorized Signature	Company phone number
Print Name and Title	

THIS SECTION TO BE COMPLETED BY EMPLOYEE

Employee billing address (street, city, state, zip)	Phone Number
_____	_____
_____	_____
_____	_____

Insured dependent spouse name	Date of birth
_____	_____

Insured dependent child(ren) name(s)	Date(s) of Birth
_____	_____
_____	_____
_____	_____

Employee continue on page 2

Employee name	Date of birth
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To be eligible for portability, you must be able to answer “no” to all of the health questions below. To port dependent spouse coverage, your spouse must also be able to answer “no” to all of the health questions below. For any Life Insurance not eligible for portability, or if portability is not approved by ReliaStar Life Insurance Company, conversion to an individual life insurance policy may be an option. Please read the Conversion Rights in your group certificate to determine eligibility for conversion. ReliaStar Life Insurance Company will send you a description of the conversion plan, premium rates, and an application form.

If you do not want to apply for portability and only want to receive information about conversion, please check this box.

☐ No Portability

You may then skip the next two sections of this form. Please sign and date the form and return it as directed below.

PORTABILITY ELECTIONS

Read your group certificate carefully to determine which coverage(s) are eligible for portability. **You may only elect to port coverage that is terminating on your coverage termination date.** You will not be able to elect or increase ported coverage in the future. Please refer to the attached sheet for portability premium rate information.

Employee Basic and Supplemental Life Insurance	<ul style="list-style-type: none"> Minimum \$5,000 Will not exceed the lesser of \$750,000 or 5 times Basic Yearly Earnings 	<input type="checkbox"/> 100% of terminated amount <input type="checkbox"/> 75% of terminated amount <input type="checkbox"/> 50% of terminated amount <input type="checkbox"/> 25% of terminated amount
Dependent Spouse Supplemental Life Insurance	<ul style="list-style-type: none"> Same percent elected for Employee Life Will not exceed Employee Life amount ported 	<input type="checkbox"/> Elect to Port <input type="checkbox"/> Waive
Dependent Child(ren) Supplemental Life Insurance	<ul style="list-style-type: none"> Same percent elected for Employee Life Will not exceed the lesser of Employee Life amount ported or \$10,000 	<input type="checkbox"/> Elect to Port <input type="checkbox"/> Waive

If you elect to port less than 100% of all Life coverage(s) and you also want conversion information, please check here: ☐ Send conversion information

ANSWER THESE QUESTIONS FOR PORTABILITY

	Employee	Spouse
Are you terminating active employment due to a disability that has, or is expected to result in your inability to perform the regular duties of your occupation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In the past 2 years, have you been diagnosed or treated (including taking prescribed medications) by a medical professional for any of the following: cardiovascular or liver disorder, kidney or neurological disease, drug or alcohol abuse, emphysema, cancer, stroke or diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been diagnosed or treated (including taking prescribed medications) by a medical professional for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or disorders of the immune system, or ever tested positive for antibodies to the Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

READ THIS INFORMATION AND THEN SIGN AND DATE BELOW

- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand that portability is subject to the approval of ReliaStar Life Insurance Company.
- I have received ReliaStar Life Insurance Company's Consumer Privacy Notice and Insurance Information Practices Notice.

Signature of insured employee	Date
Signature of insured spouse	Date

Mail this form and all other documentation within 31 days of coverage termination to:

ReliaStar Life Insurance Company
 New Business
 PO Box 122
 Minneapolis, MN 55440-0122

Questions? Call Customer Service at 800-955-7736

Group Life Portability Premium Rates

Monthly Rates per \$1,000 of coverage

Life Insurance – Employee, Spouse

Age	Rate
through 24	\$.08
25-29	\$.08
30-34	\$.10
35-39	\$.13
40-44	\$.23
45-49	\$.39
50-54	\$.64
55-59	\$1.00
60-64	\$1.56
65-69	\$2.80
70-74	\$5.02
75 and over	\$8.90

Child(ren) Life Insurance

\$.25

Child(ren) AD&D Insurance

\$.065

Premiums are billed on a quarterly basis. Each quarterly bill will include a \$3.50 billing charge.

Rates shown are guaranteed until December 31 of the current year in which you are eligible to apply for portability. Underwritten by ReliaStar Life Insurance Company. Policy form LP00GP.