reliancestandard
LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

Reset

Term Life Insurance Portability Request

This form is to be used only when a person desires and is eligible to port Term Life Insurance. This form must be completed in full and submitted to The Company within 31 days following the date of termination. SEND TO: SelmanCo 1 Integrity Parkway, Cleveland OH 44143-1500 Email: portabilityandconversions@selmanco.com Fax#: 440-646-9339, Telephone 1-800-268-4887

VERIFICATION OF INSURED PERSON'S ELIGIBILITY TO PORTATE TERM LIFE INSURANCE

To Be Completed By Policyholder/Participating Unit

☐Male ☐Female

1. Insured Person's full name _____ 2. Soc. Sec. Number _____
(Please Print)

3. Name of Policyholder/Participating Unit _____ 4. Policyholder/Participating Unit No.: _____
* If you are porting 2 policies, please complete 2 Portability Applications

5. Branch or Location (if different from 3.) _____

6. Date Employed: _____ Salary: _____ Date Last Salary Change: _____ Class: _____

7. Effective Date of Coverage: Employee: _____ Spouse, if any: _____ Children, if any: _____

8. Occupation/Job Title _____ 9. Date Person Last Worked _____

10. Date Employment Terminated (if different from 9.) _____

11. If (9) and (10) differ, please explain _____

12. Was the Insured's Termination due to retirement? ☐ Yes ☐ No

13. Amount of Term Life Insurance (including the amount of any AD&D rider coverage, if applicable) in force under the Policy on date of termination:

Basic Life Insurance applies to GL & VG coverages / Supplemental Life Insurance applies to GL coverage only

Basic Life Insurance:	Employee $ _____	Spouse, if any $ _____	Children, if any $ _____
Supp. Life Insurance:	Employee $ _____	Spouse, if any $ _____	Children, if any $ _____
AD&D Life Insurance:	Employee $ _____	Spouse, if any $ _____	Children, if any $ _____

14 .Verified by _____
(Signed by authorized individual) Date Phone Number Email Address

To Be Completed By Applicant

Name _____ Spouse's Name _____

Address _____
(Street) (City) (State) (Zip)

Date of Birth: Employee: _____Spouse, if any_____ Children, if any _____

Please indicate amount of coverage desired below (must be equal to or less than the amount in force). Your election(s) may not exceed any coverage limits stated in your policy (typically $500,000 per individual). Please contact your former employer if you are unsure of the maximum amount of coverage you are eligible to continue.

Basic Life Insurance applies to GL & VG coverages / Supplemental Life Insurance applies to GL coverage only

Basic Life Insurance:	Employee $ _____	Spouse, if any $ _____	Children, if any $ _____
Supp. Life Insurance:	Employee $ _____	Spouse, if any $ _____	Children, if any $ _____
AD&D Life Insurance:	Employee $ _____	Spouse, if any $ _____	Children, if any $ _____

Beneficiary:

Full Name(s)	Relationship	Percent of Proceeds	SSN

_____ _____ _____ _____
Signature of Applicant Email Address Phone Number Date Signed

GL & VG Standard Portability Rates Effective July 1, 2014

Insured and Spouse Rates

Attained	Monthly Rates per $1000		Quarterly Rates per $10,000	
Age Band	**Term Life**	**AD&D**	**Term Life**	**AD&D**
< 30	$0.21	$0.059	$6.38	$1.76
30-34	$0.27	$0.049	$8.20	$1.47
35-39	$0.33	$0.046	$10.02	$1.39
40-44	$0.51	$0.046	$15.43	$1.39
45-49	$0.84	$0.048	$25.33	$1.43
50-54	$1.42	$0.050	$42.50	$1.51
55-59	$2.35	$0.055	$70.42	$1.64
60-64	$3.10	$0.059	$92.86	$1.76
65-69	$4.45	$0.063	$133.48	$1.89
70+	$9.25	$0.069	$277.48	$2.06

Dependent Child Rates

Coverage Amount	Quarterly Rate
$1,000 ages 14 days to six months and $2,000 for six months to 20 years	$2.60
$1,000 ages 14 days to six months and $2,000 for six months to 20 years; Full-time students under 26 years	$2.73
$1,000 ages 14 days to six months and $2,500 for six months to 20 years; Full-time students under 26 years	$3.07
$1,000 ages 14 days to six months and $5,000 for six months to 20 years; Full-time students under 26 years	$4.58
$1,000 ages 14 days to six months and $7,500 for six months to 20 years;	$6.13
$1,000 ages 14 days to six months and $10,000 for six months to 20 years; Full-time students under 26 years	$7.69
$1,000 ages 14 days to six months and $20,000 for six months to 20 years; Full-time students under 26 years	$13.89

Customer Care is available Monday through Friday from 8 a.m. to 7 p.m. (Eastern).
Call **800-268-4887** if you need assistance.