

Term Life Insurance Portability Application

This form is to be used only when a person desires and is eligible to portate 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: Reliance Standard Life Insurance Company, Individual Processing Department, 2001 Market Street, Suite 1500, Philadelphia, PA 19103-7090.

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

To Be Completed By Participating Unit

Male Female

1. Insured Person's full name _____
Social Security Number _____
2. Insured under Participating Unit No. _____
3. Name of Participating Unit _____
4. Branch or Location (if different for 3.) _____
5. Date Employed: _____ Salary: _____ Date of Last Salary Change: _____
6. Original Effective Date of Coverage:
Employee: _____ Spouse: _____ Child(ren): _____
7. Occupation/Job Title _____
8. Date Person Last Worked _____
9. Date of Termination (if different from 8.) _____
10. If (8) and (9) differ, please explain _____
11. Amount of Term Life Insurance in force on the employee and family members under this Policy on date of termination
Employee \$ _____ Spouse \$ _____ All Children \$ _____
12. Verified by _____
(Signed by authorized individual) Date Phone Number

To Be Completed By Applicant

Name _____ Spouse's Name _____
Address _____
(Street) (City) (State) (Zip)
Date of Birth Employee: _____ Spouse: _____ Child(ren): _____

Beneficiary Full Name(s)	Relationship	Percent of Proceeds	SSN
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant _____ Phone Number _____ Date Signed _____