

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: AmWINS Group Benefits, LLC, P.O. Box 152501, Irving, TX 75015-2501. AmWINS Email: irvcustomerservice@amwins.com. Fax number: 1-469-417-1675.

**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 \_\_\_\_\_ (Please Print) 2. Soc. Sec. Number \_\_\_\_\_

3. Name of Policyholder/Participating Unit \_\_\_\_\_ 4. Policyholder/Participating Unit No.: \_\_\_\_\_

4. 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 coverage in force under the Policy on date of termination.

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 \_\_\_\_\_

To Be Completed By Applicant

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_ (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Date of Birth: Employee: \_\_\_\_\_ Spouse, if any \_\_\_\_\_ Children, if any \_\_\_\_\_

Amount of Coverage Desired (must be equal to or less than amount in force): may not exceed \$500,000 from all Reliance Standard Life/AD&D coverage combined):

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 Life Only Effective July 1, 2014

### Insured and Spouse Rates

<b>Attained</b>	<b>Monthly Rates Per \$1000</b>	<b>Quarterly Per \$10000</b>
<b>Age Band</b>	<b>Term Life</b>	<b>Term Life</b>
<b>&lt; 30</b>	\$0.21	\$6.38
<b>30-34</b>	\$0.27	\$8.20
<b>35-39</b>	\$0.33	\$10.02
<b>40-44</b>	\$0.51	\$15.43
<b>45-49</b>	\$0.84	\$25.33
<b>50-54</b>	\$1.42	\$42.50
<b>55-59</b>	\$2.35	\$70.42
<b>60-64</b>	\$3.10	\$92.86
<b>65-69</b>	\$4.45	\$133.48
<b>70+</b>	\$9.25	\$277.48

### Dependent Child Rates

<b>Coverage Amount</b>	<b>Quarterly Rate</b>
\$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 **800-351-7500** if you need assistance.