RELIANCE STANDARD
Life Insurance Company
a DELPHI company

Term Life Insurance Portability Request

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, Premium Billing and Collection, 2001 Market Street, Suite 1500, Philadelphia, PA 19103-7090.

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.: _____
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 of Termination (if different from 9.) _____
11. If (9) and (10) differ, please explain _____
12. 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: Employee $_____ Spouse, if any $_____ Children, if any $_____
13. 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):

Employee: $_____Spouse, if any: $_____Children, if any: $_____

Beneficiary:

Full Name(s)	Relationship	Percent of Proceeds	SSN

_____ _____ _____
Signature of Applicant Phone Number Date Signed

PORTABILITY RATES

Your Voluntary Group Term Life (VGTL) policy contains a provision, which permits covered employees who terminate employment with your company to continue VGTL coverage for themselves and their eligible dependents on a direct-billed basis. RSLI will bill employees and/or spouses (when an employee does not have coverage) on a quarterly basis directly. We are showing the monthly cost for comparative purposes.

Per $10,000 of Voluntary Group Term Life Benefit (Per Employee and Per Spouse)

Ages	Quarterly	Monthly
Under 30	$4.56	1.52
30 – 34	$5.86	1.95
35 – 39	$7.16	2.39
40 – 44	$11.02	3.67
45 – 49	$18.09	6.03
50 – 54	$30.36	10.12
55 – 59	$50.30	16.77
60 – 64	$66.33	22.11
65 – 69	$95.34	31.78
70 or more	$198.20	66.07

Children Benefit Level

(The following applies depending on your coverage)

Rates Child/ren Coverage

	Quarterly	Monthly
$1,000 ages 14 days to 6 months and $2,000 for six months to 20 years	$1.86	.62
$1,000 ages 14 days to 6 months and $2,000 for 6 months but under 20 years; full-time students under 26 years	$1.95	.65
$1,000 ages 14 days to 6 months and $2,500 for six months but under 20 years; full-time students under 26 years	$2.19	.73
$1,000 ages 14 days to 6 months and $5,000 for 6 months but under 20 years; full-time students under 26 years	$3.27	1.09
$1,000 ages 14 days to 6 months and $7,500 for 6 months but under 20 years; full-time students under 26 years	$4.38	1.46
$1,000 ages 14 days to 6 months and $10,000 for 6 months but under 20 years; full-time students under 26 years	$5.49	1.83

*Portability Rates as of 8/1/99