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LIFE INSURANCE COMPANY
A MEMBER OF THE TOKIO MARINE GROUP

Accident Insurance Portability Request

This form is to be used only when a person desires and is eligible to port Accident Insurance. This form must be completed in full and submitted to The Company within 31 days following the date of termination of insurance coverage. SEND TO: Amwins Group Benefits, Inc., P.O. Box 152501, Irving, TX 75015-2501 - irvcustomerservice@amwins.com - Fax#: 469-417-1675

VERIFICATION OF INSURED PERSON'S ELIGIBILITY TO PORT ACCIDENT 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.: VAI_____

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

6. Date of Hire: _____ 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. Plan and Coverage in force, applicable to this Insured, under the Policy on date of termination of insurance coverage:
Plan: ☐ A ☐ B ☐ C

Coverage: ☐ Employee Only ☐ Employee & Spouse ☐ Employee & Child(ren) ☐ Employee, Spouse & Child(ren)

13. Verified by _____
(Signed by authorized individual) Date Phone Number

To Be Completed By Applicant

Name _____ Spouse's Name _____ Email _____

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

Date of Birth: Employee: _____ Spouse, if any _____ Children, if any _____

Plan Desired: ☐ A ☐ B ☐ C
Coverage Desired: ☐ Employee Only ☐ Employee & Spouse ☐ Employee & Child(ren)
☐ Employee, Spouse & Child(ren)

Plan and Coverage elected to be ported may not exceed Plan and Coverage option in force, applicable to this Insured, under the Policy on date of termination of insurance coverage

Beneficiary:

Full Name(s)	Relationship	Percent of Proceeds	SSN

Signature of Applicant	Email Address	Phone Number	Date Signed