

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. **Important: Basic Life Insurance is applicable for GL and VG coverages. Supplement Life Insurance is only applicable for GL coverage.** 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

<u>To Be Completed By Policyholder/Participating Unit</u>			
			<input type="checkbox"/> Male <input type="checkbox"/> Female
1. Insured Person's full name _____ (Please Print)	2. Soc. Sec. Number _____		
3. Name of Policyholder/Participating Unit _____	4. Policyholder/Participating Unit No.: _____ <small>* If you are porting 2 policies, please complete 2 Portability Applications</small>		
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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: Employee \$ _____ Spouse, if any \$ _____ Children, if any \$ _____			
<small>Basic Life Insurance applies to GL & VG coverages / Supplemental Life Insurance applies to GL coverage only</small>			
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
<u>To Be Completed By Applicant</u>			
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.			
<small>Basic Life Insurance applies to GL & VG coverages / Supplemental Life Insurance applies to GL coverage only</small>			
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.