

**Term Life Insurance Portability Application
For GL Coverage Only**

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 INSURANCETo Be Completed By Participating Unit

Q Male Q Female

1. Insured Person's full name _____
Social Security Number _____
(Please Print)
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: _____
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 under this Policy on date
of termination Employee \$ _____
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: _____
- Beneficiary
- | Full Name(s) | Relationship | Percent of Proceeds | SSN |
|--------------|--------------|---------------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
- Signature of Applicant _____ Phone Number _____ Date Signed _____