

Portability Benefit Application to Continue Voluntary Group Coverage

Application is hereby made to continue Voluntary Group Life Insurance as indicated below. It is understood that individuals to be covered must be under age 70 to apply for continued coverage and that coverage under portability will terminate as follows:

For the Employee: Coverage terminates at the earlier of: 1) attainment of age 70; or 2) the date your Employer terminates its Voluntary Group Life coverage with Security Life.

For the Spouse: Coverage terminates at the earlier of: 1) attainment of age 70; or 2) the date a spouse is no longer a member eligible for coverage as a result of divorce or death of the Employee; or 3) the date the Employee's Employer terminates Voluntary Group Life coverage with Security Life.

Important: To be eligible for continued coverage, this application and the initial premium check must be received by Security Life within 30 days of termination of employment.

Employee Name (Last, First, Middle Initial)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Birthdate Mo. Day Yr.	Social Security Number	Telephone Number
Employer You Left Employment With				Date Left Employment Mo. Day Yr.	Home Office Use Only	
					Group Number	Bill Unit (Use last 4 of S.S. #)
Amount of insurance to be continued \$ Amount can not exceed current amount.	Children's Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Available only if currently enrolled for dependent coverage. If both employee and spouse are currently insured, children will be considered dependents of the employee only.</small>		Mode of Premium <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually		Spouse Assigned Number	
Street Address (City, State, Zip Code)				EFF-DATE-EE	EFF-DATE-SP	
				Birth Mo.	Birth Mo.	
Beneficiary Name			Relationship		Sp. Class	Sp. Class
Spouse Information						
Spouse Name (Last, First, Middle Initial)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Birthdate Mo. Day Yr.	<input type="checkbox"/> NS <input type="checkbox"/> Child <input type="checkbox"/> SM	<input type="checkbox"/> NS <input type="checkbox"/> Child <input type="checkbox"/> SM
Amount of insurance to be continued \$ Amount can not exceed current amount.	Children's Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Available only if currently enrolled for dependent coverage. If both employee and spouse are currently insured, children will be considered dependents of the employee only.</small>		Mode of Premium <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually		EE Monthly Premium	SP Monthly Premium
Beneficiary Name			Relationship		CP	CP
Employee Signature				Date Signed		EMPLOYEE MUST SIGN
Spouse Signature				Date Signed		SPOUSE MUST SIGN

Conversion Privilege

When coverage under portability terminates due to age, loss of eligibility, or termination of your Employer's Voluntary Group Life coverage, insured persons may convert all or part of their insurance to a permanent individual policy. Application must be made within 31 days to take advantage of the conversion privilege. Neither evidence of insurability nor a physical examination are required and premium rates are standard based on current age and the amount of insurance being converted.

IMPORTANT: To exercise the Conversion Privilege an application and initial premium check must be received by Security Life within 31 days following the date your Voluntary Group Term Life Insurance terminates. Call or write Security Life for an application, premium rates and additional information.

Return to: Security Life • 55 West Street • Keene, NH 03431 • 1-800-752-4729