

RELIANCE STANDARD

LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

Term Life Insurance Portability Request

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. SEND TO: [AmWINS Group Benefits, Inc.](#) P.O. Box 152501, Irving, TX 75015-2501. AmWINS Email: irvcustomerservice@amwins.com.

AmWINS Fax number: 1-469-417-1675.

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.: _____
4. 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? Yes No
13. Amount of Term Life Insurance coverage in force under the Policy on date of termination.
- | | | | |
|-----------------------|-------------------|-------------------------|---------------------------|
| 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

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): may not exceed \$500,000 from all Reliance Standard Life/AD&D coverage combined):
- | | | | |
|-----------------------|-------------------|-------------------------|---------------------------|
| 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 Age Band	Monthly Rates per \$1000		Quarterly Rates per \$10,000	
	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

Hours of Operation: 8AM – 8PM EST

Call **1-800-268-4887** if you need assistance.