



P.O. Box 182361
Columbus, OH 43218-2361

REQUEST FOR PORTABILITY PROVISION LIFE INSURANCE BENEFITS as provided under the Voluntary Group Term Life Policy

This section to be completed by Employer (please print)

Employer's Name _____ Group Number _____

Insured Employee's Name _____
(Last) (First) (Initial)

Social Security No. ____ - ____ - ____ Date of Birth ____/____/____ Date of employment termination ____/____/____

Is employee disabled? yes [] no []
Is employee retired? yes [] no []
Does the spouse have Spouse Life Insurance under this policy? yes [] no []

Amount of insurance in effect as of the termination date: Employee \$ _____ Spouse \$ _____

This is to certify that the above named insured had life coverage through our Group Policy with Greater Georgia Life Insurance Company as of the termination date.

Signature of Employer Representative

Date

This section to be completed by Employee (please print)

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

Is any Spouse's Insurance also to be continued? yes [] no []

Amount of Insurance requested under the Portability provision (cannot be more than the amount in effect as of the date of termination): Employee \$ _____ Spouse \$ _____

For the quarterly premium for the amount of insurance requested, contact a Greater Georgia Life Client Service Representative at 800-851-8544. Write quarterly premium amount here: \$ _____

Signature of Terminating Employee

Date

Mail this Request, along with the appropriate first quarterly premium payment, no later than 31 days after the date the insurance would otherwise terminate to:

**Greater Georgia Life Insurance Company
P.O. Box 182361
Columbus, OH 43218-2361**