

Portability Benefit Request Form

To Continue Supplemental/Optional/Voluntary Group Term Life Coverage

Request is hereby made to continue Employee Supplemental/Optional/Voluntary Group Term Life Insurance under the Portability option.

Important: To be eligible for continued coverage, this request and the initial premium check must be received by the Insurance Company¹ within 31 days of termination of employment.

Mail completed form and initial premium check to:
 Standard Insurance Company
 Attn: Special Operations Unit
 P.O. Box 2753
 Portland, OR 97208-9830
 Phone: 800-801-6142
 Email: AL-LDConversion@standard.com

Section 1: To be completed by employer

Employer name				Group no.			
Employer representative			Employer representative title			Phone no.	
Reason employment terminated			Effective date of supplemental/optional coverage <input type="text"/> / <input type="text"/> / <input type="text"/> (MMDDYYYY)			Date last worked (MMDDYYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>	
Employee last name		First name			M.I.	Insurance termination date <input type="text"/> / <input type="text"/> / <input type="text"/>	
Class no.	Social Security no. <input type="text"/> - <input type="text"/> - <input type="text"/>		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Age <input type="text"/>	Date of birth (MMDDYYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>	
Employee: Life benefit amount \$ <input type="text"/>		Spouse: Life benefit amount \$ <input type="text"/>		Children: Life benefit amount \$ <input type="text"/>			
AD&D amount \$ <input type="text"/>		AD&D amount \$ <input type="text"/>		AD&D amount \$ <input type="text"/>			
Signature of authorized employer representative X						Date (MMDDYYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>	

Section 2: To be completed by employee

Unless otherwise detailed in your certificate of coverage, to be eligible to port insurance coverage you must be under the age of 65, continuously covered under the plan for 12 months, and be terminating – see your Certificate for eligibility details and portability provisions. **Your certificate fully describes the portability option and eligibility requirements.**

Employee coverage is required to continue any dependent coverage and dependent coverage may be limited to 50% of employee coverage. **Please review your certificate.**

If both employee and spouse are insured, children will be considered dependents of only one of the parents at the employee's option. Portability of dependent spouse and/or children may not be available under all plans. **Please review your certificate.**

Employee phone no.		Email address			Premium payment schedule selection <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Annual		
Street address				City		State	ZIP code

Portability options

Options	Name	Life amount to be ported	AD&D amount to be ported	Decline to port	Gender	Date of birth	Age	Full-time student?	Social Security no.
Employee		\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="text"/>		
Spouse		\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="text"/>		
Child		\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
Child		\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	
Child		\$ <input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	

¹ Used herein, 'Insurance Company' means: Standard Insurance Company.

Beneficiary designation

Beneficiary	Name	Date of birth	Relationship	Social Security no.
<input type="checkbox"/> Primary				
<input type="checkbox"/> Contingent				

Your life insurance options upon termination of coverage. See Section 1 for the specific types and amounts of insurance that can be continued.

When your employment ends (or in certain other situations in which Supplemental/Optional/Voluntary Group Term Life/AD&D Coverage could be terminated), you may elect the option of portability to ensure continued life insurance coverage. Refer to your Certificate of Coverage for specific information on coverages eligible for Portability.

When your group coverage is scheduled to end as stated in the portability section of your Certificate of Coverage, you may have the option of continuing Supplemental/Optional/Voluntary Group Term Life Insurance coverage under the portability provision of the Group Policy.

Premiums will continue under the rate schedule below and will be determined by your age as of the effective date of your Portability coverage. Life conversion may be available when coverage under Portability terminates.

If Portability is elected: Supplemental/Optional/Voluntary Group Term Life/AD&D coverage may be continued at the amount in force on the date your employment terminates. Your request for Portability and initial premium payment must be received by the Insurance Company within 31 days of your coverage termination date. You may elect a quarterly, semi-annual, or annual premium payment schedule. If you choose Portability, send the completed request form and your first premium payment to the Insurance Company at the address shown on this form.

For New York residents, the following statement applies: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Employee signature X	Print name	Date (MMDDYYYY)
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Supplemental/Optional/Voluntary Life portability rates.

Monthly Supplemental/Optional/Voluntary Group Term Life Portability rates per \$1,000 of benefit.

Employee/Spouse age ²	Employee/Spouse life rate ²	Employee/Spouse age ²	Employee/Spouse life rate ²	Child life rate ³
Less than 25	\$0.16	50 - 54	\$0.93	\$0.42
25 - 29	\$0.16	55 - 59	\$1.59	
30 - 34	\$0.16	60 - 64	\$2.22	
35 - 39	\$0.22	65 - 69	\$3.89	
40 - 44	\$0.36	70 - 74	\$8.05	
45 - 49	\$0.55	75+	\$12.32	

Supplemental/Optional/Voluntary AD&D Employee/Spouse/Child rates

Employee/Spouse/Child AD&D rate: \$0.04

² Employee/Spouse rate is based on the employee or spouse age.

³ The child rate per \$1,000 applies only once regardless of the number of children.

Premium rate calculation examples for employee/spouse benefits:

Example @ age 47 for a \$50,000 benefit

- Quarterly – $\$0.55 \times 50 \times 3 = \82.50
- Semi Annual – $\$0.55 \times 50 \times 6 = \165.00
- Annual – $\$0.55 \times 50 \times 12 = \330.00

Premium rate calculation examples for \$ 5,000 child benefit:

- Quarterly – $\$0.42 \times 5 \times 3 = \6.30
- Semi Annual – $\$0.42 \times 5 \times 6 = \12.60
- Annual – $\$0.42 \times 5 \times 12 = \25.20

Home office use only

Effective date (MMDDYYYY)	Benefit amount	Premium
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The laws of some states require us to provide you with the following information

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following statement to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: **WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.**

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: Any person who knowingly presents false information in an application for insurance or life settlement contract is guilty of a crime and may be subject to fines and confinement in prison.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of insurance fraud as determined by a court of law and may be subject to fines and confinement in prison.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

New York: For New York residents, the following statement applies: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact materials thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee, Virginia, and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Vermont: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.