

# 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: Reliance Standard Life Insurance Company, Premium Services, 2001 Market Street, Suite 1500, Philadelphia, PA 19103-7090. Email: [portates@rsl.com](mailto:portates@rsl.com). Fax number: 1-800-680-6760.

### 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 \_\_\_\_\_

#### 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**

<b>Attained Age Band</b>	<b>Monthly Rates per \$1000</b>		<b>Quarterly Rates per \$10,000</b>	
	<b>Term Life</b>	<b>AD&amp;D</b>	<b>Term Life</b>	<b>AD&amp;D</b>
<b>&lt; 30</b>	\$0.21	\$0.059	\$6.38	\$1.76
<b>30-34</b>	\$0.27	\$0.049	\$8.20	\$1.47
<b>35-39</b>	\$0.33	\$0.046	\$10.02	\$1.39
<b>40-44</b>	\$0.51	\$0.046	\$15.43	\$1.39
<b>45-49</b>	\$0.84	\$0.048	\$25.33	\$1.43
<b>50-54</b>	\$1.42	\$0.050	\$42.50	\$1.51
<b>55-59</b>	\$2.35	\$0.055	\$70.42	\$1.64
<b>60-64</b>	\$3.10	\$0.059	\$92.86	\$1.76
<b>65-69</b>	\$4.45	\$0.063	\$133.48	\$1.89
<b>70+</b>	\$9.25	\$0.069	\$277.48	\$2.06

**Dependent Child Rates**

<b>Coverage Amount</b>	<b>Quarterly Rate</b>
\$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

Customer Care is available Monday through Friday from 8 a.m. to 7 p.m. (Eastern).  
Call **800-351-7500** if you need assistance.