

# GROUP LIFE CONVERSION APPLICATION

## Reliance Standard Life Insurance Company

This form is to be used only when an eligible person desires to convert his/her Group Life insurance to an Individual policy. This form must be completed in full and submitted to the Company within 31 days following the effective date of termination of insurance. The top portion of this form is to be completed by the policyholder, the lower portion by the applicant. You may wish to refer to your policy's Schedule of Benefits page to complete some of the questions on this application.

Questions? Call Protective Life at 800-866-9933.

**When all areas are complete, mail to: Insurance Services, Division of Protective Life Insurance Company, Post Office Box 12687, Birmingham, AL 35202-6687, Fax: (205) 268-3402, Email: service@protective.com.**

### TO BE COMPLETED BY POLICYHOLDER

Name and Address of Group Policyholder and, if applicable, Division Name: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Policy Eff. Date: \_\_\_\_\_  
Insured's Full Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Annual Salary/Earnings: \$ \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_  
Occupation/Job Title: \_\_\_\_\_ Date Last Worked: \_\_\_\_\_  
Scheduled Work Hours: \_\_\_\_\_/week Insured's Premium Paid To: \_\_\_\_\_  
Insured's Effective Date: \_\_\_\_\_ Insurance Class: \_\_\_\_\_ Insurance Amount: Basic \$ \_\_\_\_\_ Supp \$ \_\_\_\_\_  
Reason Insured Stopped Work (specify): \_\_\_\_\_ Dependent Insurance Amounts:  
Conversion Rights Exercised Due To (check applicable response):  
\_\_\_\_ (1) Employee Terminated Employment On: \_\_\_\_\_ Spouse: \_\_\_\_\_  
\_\_\_\_ (2) Group Policy Terminated On: \_\_\_\_\_ Children: \_\_\_\_\_  
\_\_\_\_ (3) Disability of the Insured On: \_\_\_\_\_ Has A Waiver of Premium Claim Been Submitted to RSL? Yes \_\_\_\_\_ No \_\_\_\_\_  
If No, Please Explain: \_\_\_\_\_  
\_\_\_\_ (4) Other, Please Explain: \_\_\_\_\_

I have reviewed the information set forth, and represent that to the best of my knowledge and belief it is true and correct.

Signature Of Policyholder's Authorized Representative

Title

Date Signed

Phone Number of Representative

Federal Employer Identification Number

### TO BE COMPLETED BY APPLICANT

I would like to convert \$ \_\_\_\_\_ of my group life insurance coverage that was in-force prior to the termination date. I desire to convert \$ \_\_\_\_\_ of insurance for my dependent spouse and \$ \_\_\_\_\_ of insurance for my dependent child(ren) to an individual policy, if applicable.

Desired Mode of Premium Payment \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Annually \_\_\_\_\_

#### Beneficiary Designation

Upon the death of the insured, the proceeds of the policy to which this application is attached shall be paid as follows:

##### Primary Beneficiary(s)

Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

##### Contingent Beneficiary(s)

Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_

If more than one primary beneficiary is named and no percentage is indicated, payment will be in equal shares to the surviving primary beneficiary(s). If there are no surviving primary beneficiary(s), the proceeds will be paid to the contingent beneficiary(s). If more than one contingent beneficiary is named and no percentage is indicated, payment will be in equal shares to the surviving contingent beneficiary(s). If there are no surviving contingent beneficiary(s), the proceeds will be paid to the executors, administrators, or assigns of the owner.

Applicant's Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

I have reviewed the information set forth above and represent that to the best of my knowledge and belief it is true and correct.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Reliance Standard Life Insurance Company**

**GL & VG Conversion Rates**

(These rates may change without prior notice to you)

**Whole Life Insurance Policy**

**Table of Current Annual Premium Rates**

Per \$1,000.00 of Face Value

Issue Age	Rate	Issue Age	Rate	Issue Age	Rate
0 - 15	\$20.00	48	\$44.85	81	\$351.11
16	\$21.25	49	\$46.75	82	\$377.34
17	\$21.67	50	\$49.08	83	\$405.32
18	\$21.87	51	\$51.74	84	\$435.22
19	\$22.20	52	\$54.50	85	\$466.82
20	\$22.30	53	\$57.75	86	\$499.98
21	\$22.35	54	\$61.56	87	\$534.31
22	\$22.48	55	\$65.09	88	\$569.45
23	\$22.57	56	\$69.00	89	\$608.70
24	\$22.63	57	\$73.29	90	\$644.27
25	\$22.70	58	\$77.97	91	\$680.55
26	\$22.79	59	\$82.14	92	\$715.39
27	\$22.89	60	\$87.60	93	\$750.11
28	\$23.17	61	\$93.53	94	\$781.68
29	\$23.23	62	\$99.94	95	\$810.35
30	\$23.75	63	\$106.22	96	\$829.35
31	\$24.50	64	\$113.23	97	\$829.35
32	\$24.55	65	\$121.68	98	\$829.35
33	\$25.25	66	\$130.19	99	\$829.35
34	\$25.81	67	\$139.50	100	\$829.35
35	\$26.50	68	\$149.68		
36	\$27.25	69	\$156.00		
37	\$28.00	70	\$156.06		
38	\$28.86	71	\$167.08		
39	\$30.00	72	\$179.28		
40	\$31.52	73	\$192.12		
41	\$32.25	74	\$206.37		
42	\$33.75	75	\$222.60		
43	\$35.32	76	\$240.06		
44	\$36.75	77	\$258.80		
45	\$38.50	78	\$279.82		
46	\$40.50	79	\$302.24		
47	\$42.25	80	\$325.90		



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. **Important: Basic Life Insurance is applicable for GL and VG coverages. Supplement Life Insurance is only applicable for GL coverage.** SEND TO: AmWINS Group Benefits, LLC, P.O. Box 152501, Irving, TX 75015-2501. AmWINS Email: irvcustomerservice@amwins.com. 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 \_\_\_\_\_ 2. Soc. Sec. Number \_\_\_\_\_  
(Please Print)

3. Name of Policyholder/Participating Unit \_\_\_\_\_ 4. Policyholder/Participating Unit No.: \_\_\_\_\_  
\* If you are porting 2 policies, please complete 2 Portability Applications

5. 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 (including the amount of any AD&D rider coverage, if applicable) in force under the Policy on date of termination:

**Basic Life Insurance applies to GL & VG coverages / Supplemental Life Insurance applies to GL coverage only**

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 \_\_\_\_\_

Please indicate amount of coverage desired below (must be equal to or less than the amount in force). Your election(s) may not exceed any coverage limits stated in your policy (typically \$500,000 per individual). Please contact your former employer if you are unsure of the maximum amount of coverage you are eligible to continue.

**Basic Life Insurance applies to GL & VG coverages / Supplemental Life Insurance applies to GL coverage only**

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	Monthly Rates per \$1000		Quarterly Rates per \$10,000	
Age Band	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

Customer Care is available Monday through Friday from 8 a.m. to 7 p.m. (Eastern).  
Call **800-268-4887** if you need assistance.