



Submit to: Chubb, P.O. Box 6703, Scranton, PA 18505-0703
 Email: CWBPortabilityConversion@Chubb.com; Toll Free Number: 888-499-0425

EMPLOYER COMPLETES SECTION 1

Company Name:		Policy Number(s)	Division	Class
Employee Legal Name (Last, First, MI):		Employee Preferred Name:		
Date Coverage Ends (mm/dd/yyyy):	Insured on disability or sick leave when terminated? Yes* No	Reason for Loss of Coverage: Terminated Employment Retired Reduced Hours (must be working) Other - Explain		
Current Annual Earnings:		*If Yes, date premium paid to: _____		

Fill in Current Coverage Amounts for Each Insured and Insurance Type

Insured Type	Basic Life	Supplemental Life	Basic AD&D	Supplemental AD&D
Employee				
Spouse				
Child				
Plan Administrator Name:			Plan Administrator Signature:	
Plan Administrator Telephone Number:			Plan Administrator Email:	

EMPLOYEE COMPLETES SECTION 2

Insured Mailing Address (Street, PO Box, City, State, Zip):		Home Telephone:	
		Alternate Telephone:	
Insured Social Security Number:	Insured Date of Birth (mm/dd/yyyy):	Sex: Male Female	
Spouse Name:	Spouse Date of Birth (mm/dd/yyyy):	Spouse Social Security Number:	
Child Name:	Date of Birth: *	Child Name:	Date of Birth: *
Child Name:	Date of Birth: *	Child Name:	Date of Birth: *

* Per your policy, child eligibility may be subject to age, student and/or marriage status.

Have you used tobacco products in the past twelve months? Yes No	Has your spouse used tobacco products in the past twelve months? Yes No
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Fill in Requested Coverage Amounts for Each Insured and Insurance Type - coverages left blank will result in a coverage amount of \$0. Coverage reduces according to your Employer's group insurance policy.

Insured Type	Basic Life	Supplemental Life	Basic AD&D	Supplemental AD&D
Employee				
Spouse				
Child				

ALL PREMIUMS TO BE PAID MONTHLY VIA AUTOMATIC PAYMENT. Please complete and send in the enclosed Authorization and Agreement for Automatic Payments form with your application.

I understand and agree to the following:

Any coverage chosen on this request form will be issued in accordance with the portability provision contained in the Employer's Group Term Life policy, and/or Accidental Death and Dismemberment provisions (unless portability of AD&D coverage is not available under the provisions of the policy) under which this coverage is being offered, and is subject to satisfaction of the conditions provided therein.

Once an application for portability has been received and approved, portable coverage will be effective the day after coverage would have otherwise ended under the Employer's policy, so long as your initial premium payment is received.

If Chubb determines an insured is ineligible to port coverage per the terms of the portability provisions in the Employer Group Term Life certificate, as of the date portable coverage was requested, benefits may be available under any Conversion provision that may be contained in the current policy.

Signature:	Today's Date (mm/dd/yyyy):	Email Address:
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Please remember to complete and send in your beneficiary designation with this application. Please retain a copy for your records.

CHUBB® EDUCATOR LIFE/AD&D INSURANCE PORTABILITY BENEFICIARY DESIGNATION FORM

Submit to: Chubb, P.O. Box 6703, Scranton, PA 18505-0703
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Instructions: Please complete, sign and date this form to designate your beneficiary(ies) or to change your existing beneficiary(ies). This form cancels all prior designations. If more than one beneficiary is named and no percentages are indicated, payment will be made to them in equal shares. If there are more than three (3) primary and/or contingent beneficiaries, please attach a separate sheet of paper.

PART 1: Information About You

Name (Last Name, Suffix, First Name, MI)

Social Security Number

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Policy Number

Division

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PART 2: Primary Beneficiary (ies)

I choose the person(s) named below to be the primary beneficiary(ies) of the Life Insurance benefits that may be payable at the time of my death. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies).

Name & Address	Telephone Number	Relationship	Social Security Number	Date of Birth	Percent
Total Must Equal 100%					

PART 3: Contingent Beneficiary (ies)

If **all** primary beneficiaries are disqualified or die before me, I choose the person(s) named below to be my contingent beneficiary(ies).

Name & Address	Telephone Number	Relationship	Social Security Number	Date of Birth	Percent
Total Must Equal 100%					

PART 4: Signature

X

Signature

Date

Individual Automatic Premium Collection Agreement and Authorization



Employee Name: _____

Email: _____

Phone: _____

I, the individual who is signing below, hereby authorize Combined Insurance Company of America ("Combined"), a Chubb company, to initiate electronic debit entries or to effect a change by any other commercially accepted method, to my checking account (as shown below) in the financial institution named below (hereinafter called Depository). I specifically authorize Depository to debit my account on a monthly basis to pay premiums for the insurance for which I have applied today. This authority is to remain in full force and effect until Combined and Depository have each received written notification from me of its termination. I understand that such notification from me must be given with sufficient time and in such manner as to afford Combined and Depository a reasonable opportunity to act on it. I also authorize Combined to change the amount of my debit: (1) to correct clerical errors in the

initial premium calculation for the selected coverage(s) and (2) to reflect changes in premium resulting from Combined's underwriting actions, any changes in coverage I may request, and any automatic premium increase that may be required under the terms of my policy(ies). These changes in the amount of my debit are to be made only at the direction of Combined and such change(s) does not require any other subsequent or additional authorization by me.

I understand that if premiums are not paid within the grace period under the subject policy(ies) or certificate(s), as in the event withdrawals are dishonored, the policy(ies) or certificate(s) will terminate. However, certain life insurance policies may contain non-forfeiture provisions and/or automatic premium loan provisions, which may extend coverage for a period of time. The specific provisions of each policy will govern.

Depositor Name: _____
(Please Print)

Depositor Signature: _____
(Signature must be the same as on file at the bank/financial institution.)

(Date)

Preferred draft date of each month:

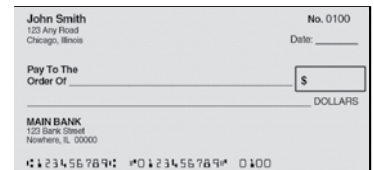
Draft Amount \$

TYPE OF COVERAGE

POLICY/CERTIFICATE NUMBER

Complete the information below or attach a voided check.

<p>Name of Bank</p> <input type="text"/>	<p>Account Type</p> <input checked="" type="checkbox"/> Checking
<p>City & State of Bank</p> <input type="text"/>	
<p>Routing (ABA) Number (9 digits)</p> <input type="text"/>	
<p>Account Number</p> <input type="text"/>	



9 DIGIT ROUTING NUMBER

ACCOUNT NUMBER

Important Information When Considering Portability Coverage

When your Group Term Life insurance coverage ends, either because your employment has terminated or you no longer are eligible to participate in your employer's Group Term Life policy, you have two choices for continuing your life insurance coverage: Portability or Conversion. There are many differences between portability and conversion, some key considerations are:

- **Portability** allows you, your spouse or child(ren) to continue (or "port") Life and/or AD&D coverage at group rates. The ported coverage will be subject to the same provisions contained in your employer's group life insurance policy. **Refer to your certificate or rider for details.**
- **Conversion** allows you and your dependents to purchase individual life insurance policies (but not AD&D) at rates that may be higher than portability rates. The policy you convert to will be different from the coverage you had under your employer's group life insurance policy. If your policy has a Conversion privilege, please contact your benefits administrator or Chubb for the appropriate form. **Conversion does not have the same restrictions noted above for Portability.**

Important: When a life insurance claim is submitted to Chubb on an individual who died within two years of the date that portability coverage became effective, Chubb reviews medical records to determine whether the deceased individual was eligible for portability. If Chubb determines the deceased individual wasn't eligible for portability due to any of the restrictions outlined in your Group Term Life certificate, the beneficiary will not receive the portability amount elected. Instead, the beneficiary will receive a significantly reduced benefit (or possibly no benefit at all). Please see the Portability section of your employer's group policy for an explanation of how the benefit may be reduced.

If after reading the information on this page you believe you and/or your dependents aren't eligible to elect portability coverage, remember that you and your dependents may qualify for conversion coverage. Contact your employer for the conversion application form and rates.

Important Information

What type of coverage can be ported?

- **Basic Life** is insurance that your employer provided for you when you were in active employment.
- **Voluntary Life** is insurance elected by you for which you paid the premiums when you were in active employment.
- **AD&D** is Accidental Death & Dismemberment coverage and may not exceed Life coverage.

What are your employer's responsibilities?

- Fully complete Section 1 of this request form and provide it to the employee. Incomplete request forms may result in a denial of coverage.
- Provide the portability rate table to the employee.

What are your responsibilities as the employee?

- Complete Section 2 of this request form and the Beneficiary Designation Form. Incomplete forms may result in a denial to continue coverage
- Determine the amount of coverage you want to port. You may port an amount less than or equal to the amount you, your spouse or child(ren) had in force with your Employer. Ported coverage cannot exceed the lesser of 5x your earnings, the maximum allowed under your plan, or \$750,000 across all Chubb Employer Life and AD&D coverages combined.
- If you wish to elect coverage in an amount other than your current coverage amount, provide the requested amounts. Coverage is subject to the minimum and maximum limits provided in the employer's policy. Contact your employer for a copy of the group life insurance policy.
- Please remember to (1) include your ACH form; (2) sign and date this request form; (3) designate a beneficiary; and (4) retain a copy of this entire form for your records.
- Mail or email completed forms to the address listed at the top of the request form within the deadline for portability specified in the Certificate.

What should you know when completing your Beneficiary Designation Form?

- **Primary Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any primary beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining primary beneficiary(ies).
- **Contingent Beneficiary(ies)** means the person(s) you choose to receive your insurance benefits only if all primary beneficiaries are disqualified or die before you. Please specify the percentage of the benefit you want paid to each beneficiary; these percentages should total 100%. If any contingent beneficiary is disqualified or dies before you, his/her percentage of the benefit will be paid to the remaining contingent beneficiary(ies).
- **Minor Beneficiary(ies)** – When you designate minors as beneficiaries, it is important to understand that insurance benefits may not be released to a minor child. They may, however, be paid to a child's court-appointed financial guardian. The regulations governing minor beneficiaries vary by state.
- **Trust** – You may designate a valid trust as a beneficiary.
- **Updates to Your Beneficiary Designation** – You can change your beneficiary designation at any time. You may wish to review your designation periodically.
- **Consult an Attorney** – This information is not intended to be relied on as legal advice. You may wish to get the assistance of an attorney to help ensure your beneficiary designation correctly reflects your intentions.

This product is underwritten by ACE Property & Casualty Insurance Company and Combined Insurance Company of America, Chubb companies. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. Refer to your Certificate of Insurance for specific details about benefits, exclusions and limitations.