



Accident Insurance Election of Portability Coverage

Send this form to: National Conversion Department, P.O. Box 677458, Dallas, TX 75267-7458
Fax number: 920-749-6219
Secure E-mail: national_conversions@glic.com

Form with fields: Planholder Name (Company Name), Group Plan No., Employee's Name (Last, First, MI), Soc. Sec. No., Birth Date, Sex (M/F), Employee's Home Address (Street, City, State, Zip), Home Telephone Number, Work Telephone Number, Date Employment Terminated, Reason Employment Terminated.

Please complete the following information for all dependents to be covered:

Table with 5 columns: Name (Last, First, MI), Social Security Number, Sex (M/F), Birth Date, F/T Student. Rows include Spouse and Child(ren).

Accident Insurance may be ported for the following individuals: the employee; the employee and his/her spouse; or the employee and all eligible dependents. Also, in the event of the employee's death, a surviving spouse under age 70 may port the coverage for him/herself and all eligible dependent children.

Ported coverage is being elected for:

- Employee Only, Employee and Spouse, Employee and All Eligible Dependents, Surviving Spouse, Surviving Spouse and Child(ren)

Ported Accident amounts will be reduced by any benefits previously paid under the Group Plan.

The enclosed Premium Notice outlines the monthly premium rates for this coverage and the modes of payment.

Monthly premium rates will be equal to monthly premium rates under your group plan, including any amount paid by your employer.

Within 31 days of the date the Group Plan coverage ends due to your termination of employment, or the date your dependent's coverage ends as a result of your death, you or your surviving spouse must submit: (a) this completed form and (b) the premium payment. For ported insurance to remain in force all subsequent premium payments must be received within 31 days of the applicable premium due date. If premium payments are not received in a timely fashion, coverage will automatically terminate at the end of the 31 day period and all unpaid premiums will remain due from you or your surviving dependent's for the period this coverage was inforce.

Signature: _____ Date: _____