

Portability Benefit Request Form To Continue Optional Group Term Life Coverage



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

Anthem Blue Cross Life and Health Insurance Company
ATTN: Special Operations Unit
P.O. Box 182361
Columbus, OH 43218-2361
Phone 800-801-6142 · Fax 614-433-8316

Important: To be eligible for continued coverage, this request and the initial premium check must be received by Anthem Blue Cross Life and Health Insurance Company within 31 days of termination of employment.

SECTION 1: TO BE COMPLETED BY EMPLOYER

Employer name		Group no.	
Employer representative		Employer representative title	Phone no.
Reason employment terminated		Effective date of optional coverage	Date last worked (MM/DD/YYYY)
Employee name (last, first, MI)		Insurance termination date	Class no.
Social security no.	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Date of birth (MM/DD/YYYY)
Employee: Current benefit amount	Spouse: Current benefit amount	Children: Current benefit amount	
Signature of authorized employer representative X			Date (MM/DD/YYYY)

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 this plan for 12 months, and be terminating employment for a reason other than retirement (must be receiving benefits) or disability (see certificate for definition). **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.	E-mail 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	Amount to be ported	Decline to port	Gender	Date of birth	Age	Full-time student?	Social security no.
Employee		\$	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F				
Spouse		\$	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F				
Child		\$	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	
Child		\$	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	
Child		\$	<input type="checkbox"/>	<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Y <input type="checkbox"/> N	

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Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningun costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

BENEFICIARY DESIGNATION (continued)

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

YOUR LIFE INSURANCE OPTIONS UPON TERMINATION OF EMPLOYEE OPTIONAL GROUP TERM LIFE COVERAGE

When your employment ends (or in certain other situations in which Optional Group Term Life Coverage could be terminated), you may elect the option of portability to ensure continued life insurance coverage.

When your group coverage is scheduled to end as stated in the portability section of your certificate, you may have the option of continuing Optional 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. Conversion may be available when coverage under Portability terminates.

If Portability is elected: Optional Group Term Life 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 Anthem Blue Cross Life and Health 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 Anthem Blue Cross Life and Health Insurance Company at the address shown on this form.

Employee signature X	Print name	Date (MM/DD/YYYY)
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OPTIONAL LIFE PORTABILITY RATES

Monthly Optional Group Term Life Portability Rates Per \$1,000 of Benefit

Employee/Spouse Age*	Employee/Spouse Rate*	Employee/Spouse Age*	Employee/Spouse Rate*	Child Rate**
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	

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

**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 x 50 x 3 = \$82.50

▶ Semi Annual = \$ 0.55 x 50 x 6 = \$165.00

▶ Annual = \$ 0.55 x 50 x 12 = \$330.00

Premium Rate Calculation Examples for \$ 5,000 Child Benefit:

Quarterly = \$0.42 X 5 X 3 = \$6.30

▶ Semi Annual = \$0.42 X 5 X 6 = \$12.60

▶ Annual = \$0.42 X 5 X 12 = \$25.20

HOME OFFICE USE ONLY

Effective date	Benefit amount	Premium
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