Group Life Portability Application

ReliaStar Life Insurance Company
Home Office: Minneapolis, Minnesota

Employer / Administrator:
Read the certificate to determine eligibility for portability. Complete and sign the Employer/Administrator section of this form. Send this form to the employee to complete, along with copies of initial and all subsequent enrollment/application form(s), beneficiary designations, and assignments.

Employee:
Complete the Employee section and return the form to the address shown at the end of the form. Be sure to include copies of enrollment/application form(s), beneficiary designations and assignments. Coverage can not be ported without this information. The insurer must receive this completed form within 31 days of the coverage termination date.

THIS SECTION TO BE COMPLETED BY EMPLOYER/ADMINISTRATOR

Employer or Group name	Group Policy number(s)	Account number	Date of hire	Annual Salary at Termination
Samford University	66575-4			
Employee name	Social Security Number	Date of birth	Date last worked	Coverage termination date

Coverage Type	Coverage Effective Date *(mm/dd/yyyy)*	Coverage Amount at Termination
Employee Basic Life Insurance		$
Employee Supplemental Life Insurance		$
Dependent Spouse Basic Life Insurance		$
Dependent Spouse Supplemental Life Insurance		$
Dependent Child(ren) Basic Life Insurance		$
Dependent Child(ren) Supplemental Life Insurance		$

I certify that the above information is true and correct according to the employer's records.

This form will be ☐ handed ☐ mailed to employee on _____(date)

Authorized Signature	Company phone number
Print Name and Title	

THIS SECTION TO BE COMPLETED BY EMPLOYEE

Employee billing address *(street, city, state, zip)* Phone Number

_____

_____

_____

Insured dependent spouse name	Date of birth

Insured dependent child(ren) name(s)	Date(s) of Birth
_____	_____
_____	_____
_____	_____

Employee continue on page 2

Employee name	Date of birth

To be eligible for portability, you must be able to answer "no" to all of the health questions below. To port dependent spouse coverage, your spouse must also be able to answer "no" to all of the health questions below. For any Life Insurance not eligible for portability, or if portability is not approved by ReliaStar Life Insurance Company, conversion to an individual life insurance policy may be an option. Please read the Conversion Rights in your group certificate to determine eligibility for conversion. ReliaStar Life Insurance Company will send you a description of the conversion plan, premium rates, and an application form.

If you do not want to apply for portability and only want to receive information about conversion, please check this box. ☐ No Portability
You may then skip the next two sections of this form. Please sign and date the form and return it as directed below.

PORTABILITY ELECTIONS

Read your group certificate carefully to determine which coverage(s) are eligible for portability. You may only elect to port coverage that is terminating on your coverage termination date. You will not be able to elect or increase ported coverage in the future. Please refer to the attached sheet for portability premium rate information.

Employee Supplemental Life Insurance	• Minimum $5,000 • Will not exceed the lesser of $750,000 or 5 times Basic Yearly Earnings	☐ 100% of terminated amount ☐ 75% of terminated amount ☐ 50% of terminated amount ☐ 25% of terminated amount
Dependent Spouse Supplemental Life Insurance	• Same percent elected for Employee Life • Will not exceed Employee Life amount ported	☐ Elect to Port ☐ Waive
Dependent Child(ren) Supplemental Life Insurance	• Same percent elected for Employee Life • Will not exceed the lesser of Employee Life amount ported or $10,000	☐ Elect to Port ☐ Waive

If you elect to port less than 100% of all Life coverage(s) and you also want conversion information, please check here: ☐ Send conversion information

ANSWER THESE QUESTIONS FOR PORTABILITY	Employee	Spouse
Are you terminating active employment due to a disability that has, or is expected to result in your inability to perform the regular duties of your occupation?	☐ Yes ☐ No	
In the past 2 years, have you been diagnosed or treated (including taking prescribed medications) by a medical professional for any of the following: cardiovascular or liver disorder, kidney or neurological disease, drug or alcohol abuse, emphysema, cancer, stroke or diabetes?	☐ Yes ☐ No	☐ Yes ☐ No
Have you ever been diagnosed or treated (including taking prescribed medications) by a medical professional for Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or disorders of the immune system, or ever tested positive for antibodies to the Human Immunodeficiency Virus (HIV)?	☐ Yes ☐ No	☐ Yes ☐ No

READ THIS INFORMATION AND THEN SIGN AND DATE BELOW

- To the best of my knowledge and belief, the information I have provided on this form is correct.
- I understand that portability is subject to the approval of ReliaStar Life Insurance Company.
- I have received ReliaStar Life Insurance Company's Consumer Privacy Notice and Insurance Information Practices Notice.

Signature of insured employee	Date
Signature of insured spouse	Date

Mail this form and all other documentation within 31 days of coverage termination to:

ReliaStar Life Insurance Company
Route 6999
20 Washington Avenue South
Minneapolis, MN 55401

Questions? Call Customer Service at 800-955-7736

Group Life Portability Premium Rates

Monthly Rates per $1,000 of coverage

Life Insurance – Employee, Spouse

Age	Rate
through 24	$ .08
25-29	$ .08
30-34	$ .10
35-39	$ .13
40-44	$ .23
45-49	$ .39
50-54	$ .64
55-59	$1.00
60-64	$1.56
65-69	$2.80
70-74	$5.02
75 and over	$8.90

Child(ren) Life Insurance

$.25

Premiums are billed on a quarterly basis. Each quarterly bill will include a $3.50 billing charge.

Rates shown are guaranteed until December 31 of the current year in which you are eligible to apply for portability. Underwritten by ReliaStar Life Insurance Company. Policy form LP00GP.

ReliaStar Life Insurance Company and ReliaStar Life Insurance Company of New York
Consumer Privacy Notice and Insurance Information Practices Notice

We are pleased to provide you with information regarding your application or claim. This information is provided to you in accordance with legislation enacted in your state. You may also receive other privacy notices from us or from our affiliated companies. **Please keep this notice and a copy of the completed application or claim form for your records.**

Our Underwriting Procedures

For certain types of coverage, we underwrite your request to determine if you are eligible for the coverage you requested. We review all of the information in the application, and, if necessary, confirm or add to this information in the ways described in this notice. In the event of an adverse underwriting decision, we will provide you with the specific reason for the decision in writing.

Privacy and Information Practices

Collecting Information

Your application or claim form is our main source of information. But we may:

- Ask you to have a physical exam, an EKG and/or a blood profile, etc.
- Ask physicians, hospitals, or other health care providers to confirm or add to the information you have given us. The types of information we may ask for are described on the authorization form you will be asked to sign. If you want a copy of this form, it will be given to you for your records.
- Obtain information from MIB, Inc., formerly known as the Medical Information Bureau. See "Notice Regarding MIB, Inc." below.
- Seek information from other companies you have applied to for insurance.
- Ask you for additional information through use of a written request.

Notice Regarding Consumer Reports

Insurance companies commonly ask an outside source to verify and add to the information given in an application. Consumer reports are used to help us decide if you are eligible for the insurance you have applied for. The report deals with your mode of living, character, general reputation, and such personal items as your health, job, and finances. It may include information on the following: your marital status, past and present employment record, job duties, driving record, avocation, health history, use of alcohol and drugs, and hazardous sports activities. The agency may get information in these ways: from public records, and by contacting you, members of your family, business associates and employers, financial sources, friends, or others you know. This information will not be used to determine your sexual orientation. You can request that the agency interview you in connection with the preparation of the report. If the report affects your application as requested, we will notify you and provide you with the name and address of the reporting firm.

We use the report only to be sure that each application is evaluated on a fair basis. We will not reveal any of the information we obtain to your friends or associates. We may reveal the information we obtain to other companies or entities affiliated with us. The information may be kept by the consumer reporting agency; it may also later be given to others who have a legitimate need for these reports. It will be given only to the extent permitted by these laws: the Federal Fair Credit Reporting Act as amended by the Consumer Credit Reporting Reform Act of 1996; your state's Fair Credit Reporting Act, if any; or your state's Insurance Information and Privacy Protection Act, if any. If you wish, we will send you the name, address and phone number of any agency we ask to prepare a consumer report about you. The agency will give you a copy of the report if you ask for one and give proper identification.

Information Use

We will use the information only for business purposes arising from the relationship you have with us.

Information Maintenance and Disclosure

We treat the information we have about you as confidential. The authorization form that you have been asked to complete will permit us to send the information to our affiliates and to MIB, our reinsurers, employees, contractors, or other organizations that process transactions concerning coverage you have with us or our affiliates, and to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted. In certain circumstances, the information we have about you may be disclosed to third parties without your specific permission.

Access to Information

If you request it in writing, we will send you a copy of the relevant information we obtain about you in connection with your request for coverage or an adverse underwriting decision. Medical information, however, will only be disclosed through the attending licensed physician unless state law provides otherwise. If you feel that any of the information in our file is not correct or is incomplete, we will review it. If we agree with you, we will make the corrections. If we do not agree with you, you may file a short statement of dispute with us. Your statement will be included any time we disclose this information to anyone. We will not send you information we collect in expectation of or in connection with any claim or civil or criminal proceeding.

Notice Regarding MIB, Inc.

We or our reinsurers may make brief reports to MIB. The reports will include the factors that affect the insurability of any person for whom coverage is being requested. MIB is a nonprofit organization of life insurance companies. It operates an information exchange for its members. If you apply to some other member company for life or health coverage, or send in a claim for benefits, MIB may supply that company with any information in its file. If you ask, MIB will arrange to disclose to you the information it has about you in its file. If you question the accuracy of the information in MIB's file, you may contact MIB and ask them to correct it as provided in the Fair Credit Reporting Act. The address of MIB's information office is 50 Braintree Hill Park, Suite 400, Braintree, MA 02184-8734. MIB's phone number is 866-692-6901 (TTY 866 346-3642). We may also release information in our files to other life insurance companies to whom you may apply for life or health insurance or to whom a claim for benefits may be submitted.