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RELIANCE STANDARD
Life Insurance Company
a DELPHI company

Term Life Insurance Portability Request

This form is to be used only when a person desires and is eligible to portate Term Life Insurance. This form must be completed in full and submitted to The Company within 31 days following the date of termination. SEND TO: Reliance Standard Life Insurance Company, Premium Billing and Collection, 2001 Market Street, Suite 1500, Philadelphia, PA 19103-7090.

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.: _____

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 of Termination (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: Employee $_____ Spouse, if any $_____ Children, if any $_____

14.Verified by _____
(Signed by authorized individual) Date Phone Number

To Be Completed By Applicant

Name _____ Spouse's Name _____

Address _____
(Street) (City) (State) (Zip)

Date of Birth: Employee: _____Spouse, if any_____ Children, if any_____

Amount of Coverage Desired (must be equal to or less than amount in force):

Employee: $_____Spouse, if any: $_____Children, if any: $_____

Beneficiary:

Full Name(s)	Relationship	Percent of Proceeds	SSN

_____ _____ _____
Signature of Applicant Phone Number Date Signed