

# REQUEST FOR PORTABILITY OF VOLUNTARY GROUP TERM AND VOLUNTARY GROUP CRITICAL ILLNESS



Administrative Offices: P.O. Box 83043, Lincoln, NE 68501-3043 • 866-863-9753

Portability of coverage for you and your dependents can be put into effect when your employment ends for as long as the Employer's Group Plan remains in effect. You may take advantage of the same group coverage by completing the following information, and returning the signed forms with your initial premium payment to 5Star Life Insurance Company within 31 days of the date your employment terminates. Subsequent premium payments may be made by Monthly Bank Draft, Direct Bill Quarterly, Semi-Annually, or Annually.

1 Group Name: \_\_\_\_\_

2 Group Policy: \_\_\_\_\_

3 Certificate #: \_\_\_\_\_

4 Date employment was terminated: \_\_\_\_\_

5 Employee Social Security Number: \_\_\_\_\_

6 Employee Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

7 Spouse Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

8 Child Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

9 Employee Address: \_\_\_\_\_

10 Current Voluntary Group Term Life Insurance coverage for (coverage increases not allowed):

Employee \$: \_\_\_\_\_ Spouse \$: \_\_\_\_\_ Each Child \$: \_\_\_\_\_

11 Current Voluntary Group Critical Illness Insurance coverage for (coverage increases not allowed):

Employee \$: \_\_\_\_\_ Spouse \$: \_\_\_\_\_ Each Child \$: \_\_\_\_\_

12 I wish to pay my premium:

Monthly Bank Draft

Semiannually (6x current monthly premium)

Quarterly (3x current monthly premium)

Annually (12x current monthly premium)

13 Amount of initial premium payment enclosed \$ \_\_\_\_\_

Premium is based on the current ages of you, your spouse, and the number of children. To discuss the amount of premium due, please consult your HR department or contact 5Star Life Insurance Company toll free at 1-866-863-9753, Mon-Fri, 8:30am - 5:00pm EST.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Instructions:

- Please be sure to check the box indicating the desired premium payment mode (as shown in 12 above).
- Include with this portability request form your initial premium payment (check or money order payable to 5Star Life Insurance Company). Include your Certificate number (as shown in 3 above) on your check.

**Submit Portability Request and check to:**

**5Star Life Insurance Company, PO Box 83043, Lincoln, NE 68501-3043**