



Critical Illness Insurance Election of Portability Coverage

Send this form to: National Conversion Department, P.O. Box 8070, Appleton, WI 54912-8070
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 (Yes/No). Rows for Spouse and multiple Child(ren) entries.

Critical Illness 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 Child(ren), Employee and All Eligible Dependents, Surviving Spouse, Surviving Spouse and Child(ren)

Ported Critical Illness 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 your coverage under the Group Plan 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 (b) the premium payment; and (c) proof of insurability, if required by this group plan.

Signature: _____ Date: _____