

## **YOUR BASIC AND/OR VOLUNTARY TERM LIFE PORTABILITY RIGHTS**

When you leave this Plan, any individual who was covered under the Basic Life and/or Voluntary Term Life insurance provided by the Diocese may opt to continue this coverage on a direct pay basis without evidence of insurability (answering medical questions.) Portability allows a participant to retain the insurance at the same premium that active members of the plan would pay.

If you elect portability, you must apply within 30 days from the date that your coverage under this plan ceases.

The portability application is included in this packet.



**LIFE INSURANCE ELECTION OF PORTABILITY COVERAGE**

Unum Life Insurance Company of America (Unum)  
Portability Unit  
2211 Congress Street, Portland, ME 04122  
1-800-421-0344

You may be eligible to continue your Life and AD&D coverage. To apply, you must complete this form and send it to Unum with your initial premium payment within 31 days after your group insurance coverage ends. If you are not eligible to apply for portable coverage or your portable coverage ends, you or your dependents may qualify for conversion coverage.

*(Please print in ink)*

**TO BE COMPLETED BY THE EMPLOYER**

Company Name:	Group Policy Number/Division Number:
Insured on disability/sick leave when terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Coverage Ended (mm/dd/yyyy):
Reason for Loss of Coverage:	Current Annual Earnings:

Policyholder Signature	Date
Policyholder Telephone	Policyholder Email

In addition, please complete the current Group Life and AD&D fields in the section below.

**TO BE COMPLETED BY THE APPLICANT**

Insured Name (last, first, initial)		Home Telephone #:	
Insured Mailing Address (Street, PO Box, City, State, Zip)		Work Telephone #:	
Social Security Number	Date of Birth (mm/dd/yyyy)	Have you used tobacco products in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

Select a premium payment option below. Please obtain your portability premium rates from your plan administrator and mail your initial premium payment, along with this election form, to the address shown above. **Make your check or money order payable to Unum.**

Select a premium payment option:  Quarterly (monthly premium x3)  Semi-Annually (monthly premium x6)  Annual (monthly premium x12)

Please complete the information below. You may keep the same level of coverage or decrease coverage. You may also increase coverage or add dependents (if policyholder's plan has dependent coverage) subject to medical evidence of insurability. Note: For specific plan maximums, plan minimums, rounding rules and reduction formulas refer to your group certificate booklet.

	Yourself	Spouse	Child
Current Group Life Amount:	_____	_____	_____
Requested Portability Amount:	_____	_____	_____
Current Group AD&D Amount:	_____	_____	_____
Requested AD&D Amount:	_____	_____	_____
Spouse Name:	_____	Spouse date of birth: _____	_____
		Spouse Social Security No.: _____	_____
Name of Beneficiary:	_____	Relationship to you: _____	_____

I understand and agree to the following:

- Any coverage chosen on this election form will be issued in accordance with the portability provision contained in the employer's Unum group term life coverage and/or accidental death and dismemberment insurance coverage under which this coverage is offered and is subject to satisfaction of the conditions provided therein.
- Portability coverage will become effective the day after your group coverage terminates subject to Unum receiving a completed election form and the first premium within 31 days from the date your group coverage terminates.

**Note:** If you have any questions concerning your or your dependent's eligibility for portability coverage, please contact us at 1-800-421-0344.

If no dependent or accidental death and dismemberment coverage is available under your group plan then any reference to "dependent or accidental death and dismemberment" coverage is not applicable.

Insured Signature	Date (mm/dd/yyyy)	Email Address
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**Portability - Term Life Insurance Coverage**

**Portability Term Life Coverage Rates:**

**Monthly Rates**

Age Band	Employee per \$10,000	Spouse per \$5,000	Child per \$1,000
- 24	\$.63	\$.31	\$.180
25-29	\$.63	\$.31	
30-34	\$.84	\$.42	
35-39	\$1.01	\$.50	
40-44	\$1.57	\$.78	
45-49	\$2.56	\$1.28	
50-54	\$4.13	\$2.06	
55-59	\$7.14	\$3.57	
60-64	\$10.30	\$5.15	
65-69	\$15.24	\$7.62	
70-74	\$29.62	\$14.81	
75+	\$50.67	\$25.33	

NOTE: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.

NOTE: Your rate will increase as you age and move to the next age band.

**Insurance Age**

Your rate is based on your insurance age, which is your age immediately prior to and including the anniversary/effective date.

To calculate your cost, complete the following by selecting your coverage amount and rate (based on your insurance age).

**Term Life Calculation Worksheet**

Coverage Amount	Increment	Rate	Monthly Cost
Employee \$ _____	÷ \$10,000 x	\$ _____ =	\$ _____
Spouse \$ _____	÷ \$ 5,000 x	\$ _____ =	\$ _____
Children \$ _____	÷ \$ 1,000 x	\$ _____ =	\$ _____
<b>Total Monthly Cost</b>			<b>\$ _____</b>