



**Accident 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**

Planholder Name (Company Name)		Group Plan No.	
Employee's Name (Last, First, MI)	Soc. Sec. No.	Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> 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:**

Name (Last, First, MI)	Social Security Number	Sex	Birth Date	F/T Student
Spouse		<input type="checkbox"/> M <input type="checkbox"/> F		
Child(ren)		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No

Accident 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:**

- |   |  |
|---|--|
| <input type="checkbox"/> Employee Only                        | <input type="checkbox"/> Surviving Spouse                |
| <input type="checkbox"/> Employee and Spouse                  | <input type="checkbox"/> Surviving Spouse and Child(ren) |
| <input type="checkbox"/> Employee and All Eligible Dependents |  |

**Ported Accident 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 the Group Plan coverage 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 and (b) the premium payment. For ported insurance to remain in force all subsequent premium payments must be received within 31 days of the applicable premium due date. If premium payments are not received in a timely fashion, coverage will automatically terminate at the end of the 31 day period and all unpaid premiums will remain due from you or your surviving dependent's for the period this coverage was inforce.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_