



**Basic and/or Voluntary Group
Term Life Insurance
Election of Portability Coverage**

**Send this form to National Conversion Department PO 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 | Email address (if applicable) | |
| Date Employment Terminated | | | Reason Employment Terminated | |
| Have You Applied or Will You Apply for the Extended Life Benefit under Your Employer's Plan? | | | | |

Please complete the following information for all dependents to be covered:

| Spouse (First, MI, Last Name) | Social Security Number | Sex | Birth Date | F/T Student |
|---|------------------------|---|------------|---|
| Address/City/State/Zip: Phone: () - | | <input type="checkbox"/> M <input type="checkbox"/> F | | |
| Child/Dependent 1: Address/City/State/Zip: Phone: () - | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child/Dependent 2: Address/City/State/Zip: Phone: () - | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child/Dependent 3: Address/City/State/Zip: Phone: () - | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Child/Dependent 4: Address/City/State/Zip: Phone: () - | | <input type="checkbox"/> M <input type="checkbox"/> F | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

The following individuals are eligible to port the Life Insurance: 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.

