

# Enhanced Portability of Coverage for Basic and/or Voluntary Term Life

Premium Services

Underwritten by: United of Omaha Life Insurance Company



**This section to be completed by the Employer**

Group Employer/Policy Name: \_\_\_\_\_ Group Plan ID: \_\_\_\_\_

**1. Employee Information**

Last Name	First Name	MI	Social Security Number	Date of Birth / /	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address		City	State	ZIP Code	
Date Employment Terminated (last day worked)	Date Group Plan Was Terminated	Date of Divorce	Date of Employee's Death		

**2. Dependent Information** (Complete only if dependents were insured on the day preceding the employee's termination date)

Spouse's Last Name	First Name	MI	Date of Birth / /	Gender
Child's Last Name	First Name	MI	Date of Birth / /	Gender
Child's Last Name	First Name	MI	Date of Birth / /	Gender
Child's Last Name	First Name	MI	Date of Birth / /	Gender
Child's Last Name	First Name	MI	Date of Birth / /	Gender

**3. Coverage Amounts rounded up to the nearest \$1,000** (Only enter Life/AD&D amounts which are eligible for Portability under the policy)

- Only complete the Coverage Amounts section (Part A or Part B) for the type of coverage the employee had. If the employee had Basic Life coverage, complete Part A. If the employee had Voluntary Life coverage, complete Part B. If employee had both coverages, complete both Parts A and B.
- The Total Amounts for Employee coverage in Part C and Part F cannot exceed \$500,000 (for each Part).
- The Total Amounts for Spouse and Child(ren) coverage in Part C and F cannot be more than 50% of the employee's amount for the same coverage (for each Part).

	Part A Basic Life Amount	Part B Voluntary Life Amount	Part C (A+B) Total Life Amount	Part D Basic AD&D Amount	Part E Voluntary AD&D Amount	Part F (D+E) Total AD&D Amount
Employee						
Spouse						
Child #1						
Child #2						
Child #3						
Child #4						

**Monthly Premium Rates per \$1,000 of Coverage**

Life Premium Rates				Life Premium Rates			
Age	Employee	Spouse	Child	Age	Employee	Spouse	Child
0 - 24	\$ 0.100	\$ 0.100	\$ 0.120	45 - 49	\$ 0.408	\$ 0.408	N/A
25 - 29	\$ 0.100	\$ 0.100	N/A	50 - 54	\$ 0.735	\$ 0.735	N/A
30 - 34	\$ 0.105	\$ 0.105	N/A	55 - 59	\$ 1.300	\$ 1.300	N/A
35 - 39	\$ 0.149	\$ 0.149	N/A	60 - 64	\$ 1.978	\$ 1.978	N/A
40 - 44	\$ 0.227	\$ 0.227	N/A	65 - 69*	\$ 3.733	\$ 3.733	N/A
AD&D Premium Rates				*Employee or Spouse Life/AD&D coverage terminates at age 70			
Age	Employee	Spouse	Child				
0 - 69*	\$ 0.060	\$ 0.060	\$ 0.060				

**This section to be completed by the Applicant**

Portability of coverage for you and your dependents can be put into effect when your employment terminates; or the spouse of an insured employee may request portability of coverage when either: (a) divorce or (b) death of an employee.

To take advantage of continued group coverage, you must complete the following information, sign this form and **mail it with your initial premium payment** to United of Omaha Life Insurance Company **within 31 days** of the termination date shown in Step 1 above. We will mail you subsequent billing statements at the address shown in Step 1. Please complete the Beneficiary section of this enrollment form.

**4. Election of applicable coverage(s):**

I wish to continue coverage for (check one):  Myself  Myself and Spouse  Myself, Spouse, and Child(ren)  Myself and Child(ren)  
 Employee: Totals in Part G and Part J cannot exceed \$500,000; Spouse & Child(ren): Totals in Part G and J cannot exceed 1/2 of the employee's benefit.

	G Total Life Election (Transfer Amount from C Above)	H Monthly Life Premium Rate (Table Above)	I Total Monthly Life Premium (G x H)	J Total AD&D Election (Transfer Amount from F Above)	K Monthly AD&D Premium Rate (Table Above)	L Total Monthly AD&D Premium (J x K)	M Total Monthly Premiums (I + L)
Employee							
Spouse							
Child #1							
Child #2							
Child #3							
Child #4							

**N. TOTAL MONTHLY PREMIUM DUE:** \$ \_\_\_\_\_

**5. Premium Payment Mode:** Please select only one billing mode to determine the amount of premium payment to submit with this form.

<b>Total Monthly Premium Due</b> (Enter the total of all monthly premiums as shown in Item N at bottom of page 1)		<b>Billing Mode</b> Quarterly (3 months) Semiannually (6 months) Annually (12 months) *** Enter "3"; "6"; or "12" below ***		<b>Billing Fee:</b>		<b>Total Initial Premium Due</b> (Must be submitted with both pages of this form)
\$ .	X	\$ .	+	\$ 5.00	=	\$ .

**6. Beneficiary:** If more than one beneficiary is named below, the beneficiaries shall share equally unless other stated above.

**Primary Beneficiary:**

Name of Beneficiary (First, MI, Last Name)	Related to Me as	Date of Birth	Address of Beneficiary	Percentage %
TOTAL PERCENTAGE MUST EQUAL 100%				<b>100%</b>

**Contingent Secondary Beneficiary:**

Name of Beneficiary (First, MI, Last Name)	Related to Me as	Date of Birth	Address of Beneficiary	Percentage %
TOTAL PERCENTAGE MUST EQUAL 100%				<b>100%</b>

**Applicant's Acknowledgement and Signature**

I understand that I may apply for coverage under the portability plan subject to the following:

- I understand that my group term life and AD&D coverage is subject to the rules of the group contract governing the portability plan.
- I understand that I must satisfy the plan's requirements to be eligible for benefits and that payment of premium does not ensure my eligibility for coverage.
- I must make this selection for Portability coverage(s) within 31 days of the date that I am no longer eligible under the plan for coverage(s).
- My application is subject to review and acceptance by Mutual of Omaha.
- My Life/AD&D coverage cannot exceed the maximum amount of \$500,000, and spouse coverage (if applicable) cannot exceed 50% of my coverage amount, to a maximum of \$250,000.
- With the exception of death and divorce for spousal coverage, my dependents are only eligible for coverage if I have elected coverage.
- Coverage(s) for myself (and my dependent spouse, if applicable) will terminate upon attaining age 70 and is not available if age 70 or older at the time of application.
- Coverage for my dependents will end when they are no longer eligible as dependents.
- Premium amounts may increase for myself (and my dependent spouse, if applicable) if entering a higher premium age category, or if portability plan experience requires a change for all individuals insured under the plan.

By signing below, I acknowledge that I understand and agree to the above statements.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Applicant's Instructions**

- Premium is based on ages of you, your spouse and the number of child(ren). To discuss the amount of premium due, please contact the employer. If you have any other questions, please feel free to contact United of Omaha's Policyowner Services toll free at (877) 466-8367.
- **Initial payment MUST be enclosed with this completed and signed 2-page form and postmarked no later than 31 days after your insurance ends; otherwise, coverage will not be continued.**
- Include with this 2-page continuation form:
  1. initial premium payment plus a \$5.00 billing charge;
  2. make check or money order payable to United of Omaha. Be sure to include your Group Plan ID (as shown at the top of page 1) on your check; and
  3. submit to the following company name and address.  
 Mutual of Omaha Insurance Company  
 Policyowner Services  
 P.O. Box 2147  
 Omaha, NE 68103-2147