

Portability of Coverage for Voluntary Term Life

Group Premium and Enrollment Services
Underwritten by United of Omaha Life Insurance Company



Portability of coverage for you and your dependents can be put into effect when either: (a) your employment terminates or (b) your employer no longer offers this Voluntary Term Life Plan.

To take advantage of the same 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 date shown in item 3. We will mail you subsequent billing statements at the address shown in item 8.

1. Group Policy Name _____
2. Group Policy I.D./Number _____
3. Date employment or plan was terminated ____/____/____
Mo. Day Yr.
4. Employee Social Security No. _____
5. Employee Name _____ Birth Date ____/____/____
6. Spouse Name _____ Birth Date ____/____/____
7. Child Name(s) _____ Birth Date ____/____/____
_____ Birth Date ____/____/____
_____ Birth Date ____/____/____
_____ Birth Date ____/____/____
8. Employee Address _____
Street City State ZIP
9. Current Voluntary Term Life insurance amount for (does not allow increase of current amount):
Employee \$ _____ Spouse \$ _____ Each Child \$ _____
10. I wish to continue coverage on (check one):
 Myself only Myself and spouse Myself and all eligible dependents
11. I wish to pay my first premium as selected below and billed in the same manner thereafter:
(check one)
 Quarterly (3 times monthly premium, plus a \$5.00 billing fee)
 Semiannually (6 times monthly premium, plus a \$5.00 billing fee)
 Annually (12 times monthly premium, plus a \$5.00 billing fee)
12. Beneficiary Name _____
Last Name First M.I.
Relationship to You _____

Premium is based on the 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 Group Policyholders Service Center – Portability Unit toll free at (877) 466-8367.

Signature of Applicant _____ Date _____

Instructions:

- 1) **Initial payment MUST be enclosed with this completed and signed form and received by us no later than 31 days after your insurance ends; otherwise, coverage will not be continued.**
- 2) Please be sure to check the box indicating the desired premium payment mode.
- 3) Include with this portability form:
 - a) initial premium payment plus a \$5.00 billing charge (make check or money order payable to United of Omaha). Be sure to include your Group Policy I.D./Number on your check.
 - b) original enrollment form. Please contact your Benefits Administrator to obtain this form; and
- 4) Submit to the following company name and address:

Mutual of Omaha Insurance Company
Group Premium and Enrollment Services – 1B
P.O. Box 804484
Kansas City, MO 64180-4484