

# Fort Dearborn Life Insurance Company

# Texas A & M Application for Portability

If your Insurance benefit terminates, you are eligible to continue your optional coverage. This can be done at the rate for your attained age indicated on the back of this form regardless of your physical condition, provided you apply for the continuation within 31 days of the date of termination of coverage.

**To Apply:**

1. Complete Part 2 of this application for portability. Be sure that your Human Resource office has completed Part 1. Premium rates and instructions for figuring your premium are shown on the back of this form.
2. Mail completed application to the address indicated on the back, **together with your check or money order** for the first premium segment (Quarterly, Semi-Annual, Annual), within 31 days after Optional Life insurance terminates.

**Part 1 TO BE COMPLETED BY EMPLOYER**

Group Number: <b>GFZ39993</b>		Name of Employer: <b>The Texas A&amp;M University System</b>	
Date Employment Terminated	Date Coverage Terminated	Last Day Actually Worked	Current Salary
Does <b>Employee</b> have: Optional Term Life? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$ _____	Signature of Person Authorized to Certify for Group Life  Date
Optional Dependent Spouse Life? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$ _____	
Optional Dependent Child Life? <input type="checkbox"/> Yes <input type="checkbox"/> No		Amount \$ _____	

**Part 2 TO BE COMPLETED BY INSURED Please type or print with ball point pen**

In accordance with and subject to all the terms and conditions of the portability privilege contained in my certificate, I elect to continue my coverage under the Group Policy and agree to pay for the coverage(s) indicated below.

Name in Full		Social Security Number	Sex	Telephone Number ( )
Street Address		City	State	Zip Code
Date of Birth	Last Date of Active Work	Spouse Name (if applicable)	Spouse Sex	Spouse Date of Birth

I wish to continue:

<input type="checkbox"/> Optional Term Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
<input type="checkbox"/> Optional Dependent Spouse Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
<input type="checkbox"/> Optional Dependent Child Life	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
<input type="checkbox"/> Dependent Life-Family	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount \$ 5,000</b>

Beneficiary Designation	First Name	Last Name	Date of Birth	Social Security Number	Relationship	Benefit %
(Primary)			/ /			%
(Primary)			/ /			%
(Contingent)			/ /			%
(Contingent)			/ /			%

If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiaries survive you, proceeds will be paid to the contingent beneficiary (ies). If you list benefit percentages, the total must be 100%.

**Billing Mode (Select One)**       Quarterly       Semi-Annual       Annual

I have read the above questions and answers and hereby declare that they are complete and true to the best of my knowledge and belief. I further agree that while my eligibility to continue this coverage under the terms of the Group Insurance Policy is being determined, the company may deposit payment submitted with this application.  
 If I am not eligible to continue my Optional Group Insurance, the sole obligation of the company shall be to refund the above payment.  
 ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Employee Signature _____ Date _____	Spouse Signature _____ Date _____
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## Portability Premium Calculation Worksheet

You may continue an amount up to the full amount of your Optional Term Life benefit without evidence of insurability. To calculate your premium, find the applicant's attained age and the corresponding basic quarterly premium per \$1,000 from the columns below. **If you and/or your spouse have used cigarette or tobacco products within the last year, the tobacco rates should be used in calculating the premium.** Multiply this premium by the number of thousands of dollars of insurance you plan to continue.

**Optional Life/Dependent Life Rates  
Plan A or C  
Quarterly Premiums (per \$1,000)**

**Optional Dependent Life  
Plan B  
Flat Rate per Family per Quarter:**

\$5,000 Benefit – Family \$3.00

Attained Age	Non-Tobacco	Tobacco
under 30	.45	.87
30-34	.51	.93
35-39	.72	1.26
40-44	1.23	2.01
45-49	1.71	3.75
50-54	2.85	6.09
55-59	4.95	11.01
60-64	7.77	13.44
65-69	12.27	21.63

*(Coverage terminates at age 70)*

**Example:**

Employee wants to exercise the Portability Option and continue his Optional Term Life Insurance for \$100,000, his Dependent Term Life Insurance of \$50,000 for his spouse and \$10,000 for his 12-year old child. The employee is 54 years old, his spouse is 49 and they are both non-tobacco users. The employee wants to be billed quarterly.

Employee	\$2.85	x	100,(000)	=	\$285.00
Spouse	\$1.71	x	50,(000)	=	85.50
Child	\$0.45	x	10,(000)	=	4.50

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Total premium due each quarter \$375.00

**Your Calculations:**

	Table Rate	x	# Thousands of Coverage	=	Quarterly Premium
Employee _____		x	_____	=	_____
Spouse _____		x	_____	=	_____
Child #1 _____		x	_____	=	_____
Child #2 _____		x	_____	=	_____
Child #3 _____		x	_____	=	_____
<b>Total</b>				=	_____

	Child Name	Child Sex	Child Date Of Birth
#1			
#2			
#3			

**Return this form to:**

Fort Dearborn Life Insurance Company  
P.O. Box 655403  
Dallas, TX 75265-5403  
Attn: Billing Services

Questions: 1-800-778-2281