



MEDMUTUAL LIFE™

A Medical Mutual Company

15885 W. Sprague Road
Strongsville, Ohio 44136-1772

Application for Portability of Group Life and Accidental Death & Dismemberment

Telephone: 866-925-2542

Fax: 440-878-6941

If your group Insurance coverage terminates, you may be eligible to continue your Life and Accidental Death & Dismemberment Insurance benefit under the MedMutual Life Insurance Company (MedMutual Life) Group Portable Insurance Trust Policy. You must apply for the continuation within 31 days of the date of termination of coverage.

For information about the maximum amount you may continue, see your certificate.

To apply:

1. Complete Part 2 of this Application for Portability. Be sure that the Employer through which your group coverage is ending has completed Part 1. Premium rates and instructions for calculating your premium are shown on the back of this form.
2. Mail completed application **together with your check or money order** or complete EFT Authorization form for first premium to: MedMutual Life Insurance Company, 15885 W. Sprague Road, Strongsville, Ohio 44136-1772. ATTN: POLICY ADMINISTRATION

Part 1 – To Be Completed by Employer/Association through whom group coverage is ending

Group Policy Number

Name of Employer/Association			Insurance Class for Life Coverage
Date Coverage Terminated / /	Last Day of Active Work / /	Annual Salary for Life Coverage (if salary based) \$ _____	Reason for Termination <input type="checkbox"/> Termination of employment or membership in eligible class <input type="checkbox"/> Termination of Group Policy and Date Term'd _____ <input type="checkbox"/> Disability <input type="checkbox"/> Other (Specify) _____
Does Applicant have:	Basic Life and/or AD&D?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
	Supplemental/Voluntary Life and/or AD&D?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
	Dependent Child Life and/or AD&D?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
Does Applicant's Spouse have:	Supplemental/Voluntary Life and/or AD&D?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
Signature of Group Representative: _____		Date: _____	

Part 2 – To Be Completed by Applicant *(Please type or print with ball point pen)*

In accordance with and subject to all the terms and conditions of the portability provision contained in my certificate, issued through the above named Employer/Association I elect to continue my coverage under the Group Portable Insurance Trust Policy and agree to pay for the coverage(s) indicated below.

Last Name	First Name	MI	Social Security No. or MMO ID No.	Gender	Date of Birth / /
Address					
Number	Street	City	State	ZIP	
Telephone Number ()	Spouse Name			Spouse Gender	Spouse Date of Birth / /
I wish to continue:			Applicant		Applicant's Spouse
Basic Life and/or AD&D	(Evidence of Insurability must be submitted)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____		
Supplemental/Voluntary Life and/or AD&D		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____
Dependent Child Life		<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ _____		



MEDMUTUAL LIFE™

A Medical Mutual Company

Application for Portability of Group Life and Accidental Death & Dismemberment

Part 3 – Beneficiary Designation

	Last Name	First Name	Date of Birth	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 beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must be 100% for Primary and 100% for Contingent.

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 Portable Insurance Trust Policy is being determined, MedMutual Life may deposit the payment submitted with this application. If I am not eligible to continue my Group Insurance, the sole obligation of MedMutual Life 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.

Applicant
Signature _____

Date _____

Part 4 – Portability Premium Calculation Worksheet

Life Insurance

You may continue an amount up to 100% of your Life Insurance benefit in effect on the date your coverage ceased, less any amount converted under the Conversion of Life Insurance provision, to a maximum of \$100,000-\$1,000,000 for Supplemental/Voluntary/Basic Life and to a maximum of \$5,000-\$1,000,000 for Supplemental/Voluntary/Basic Life. To calculate your or your spouse's premium, find your or your spouse's attained age and the corresponding modal premium rate per \$1,000 from the columns below. Multiply this premium by the number of thousands of dollars of insurance you plan to continue.

(Evidence of Insurability is required for all amounts of Basic Life)

Modal Life Premium Rates

Applicant/Spouse Life Rates Quarterly Premiums (per \$1,000)		Applicant/Spouse Life Rates Semi-Annual Premiums (per \$1,000)		Applicant/Spouse Life Rates Annual Premiums (per \$1,000)	
Attained Age	Table Rates	Attained Age	Table Rates	Attained Age	Table Rates
Under 30	\$0.72	Under 30	\$1.44	Under 30	\$2.89
30-34	0.78	30-34	1.56	30-34	3.13
35-39	1.07	35-39	2.14	35-39	4.28
40-44	1.73	40-44	3.47	40-44	6.94
45-49	3.03	45-49	6.07	45-49	12.14
50-54	4.95	50-54	9.91	50-54	19.82
55-59	8.88	55-59	17.77	55-59	35.55
60-64	11.45	60-64	22.91	60-64	45.82
65-70	22.87	65-70	45.75	65-70	91.50
Coverage terminates at age 65		Coverage terminates at age 65		Coverage terminates at age 65	
Dependent Child Life Rates per Family/Spouse/Child per Quarter:		Dependent Child Life Rates per Family/Spouse/Child per Semi-Annual:		Dependent Child Life Rates per Family/Spouse/Child per Annual:	
\$ 5,000 Benefit – Family \$3.00		\$ 5,000 Benefit – Family \$ 6.00		\$ 5,000 Benefit – Family \$12.00	
\$10,000 Benefit – Family \$6.00		\$10,000 Benefit – Family \$12.00		\$10,000 Benefit – Family \$24.00	



MEDMUTUAL LIFE™

A Medical Mutual Company

Accidental Death & Dismemberment (AD&D)

You may continue an amount up to 100% of your Accidental Death & Dismemberment Insurance benefit in effect on the date your coverage ceased to a maximum of \$1,000,000 for Accidental Death & Dismemberment and to a maximum of \$5,000-\$1,000,000 for Supplemental/Voluntary Accidental Death & Dismemberment. To calculate your premium, find the corresponding modal premium rate per \$1,000. Multiply this premium by the number of thousands of dollars of insurance you plan to continue.

Modal (AD&D) Premium Rates

Applicant/Spouse Accidental Death & Dismemberment Rate (per \$1,000) – \$0.06

Quarterly Premium Rate (per \$1,000) – \$0.18

Semi-Annual Premium Rate (per \$1,000) – \$0.36

Annual Premium Rate (per \$1,000) – \$0.72

Coverage terminates at age 65

Dependent Child Accidental Death & Dismemberment Rate

Quarterly Premium Rate (per Family/Spouse/Child) – \$2.25

Semi-Annual Premium Rate (per Family/Spouse/Child) – \$4.50

Annual Premium Rate (per Family/Spouse/Child) – \$9.00

Billing mode (select one for all coverages): Quarterly Semi-Annual Annual

Example

Applicant wants to exercise the Portability Option and continue his life insurance and Accidental Death & Dismemberment of \$100,000 and his spouse's Supplemental Life Insurance and Accidental Death & Dismemberment of \$25,000. The Applicant is 54 years old and his spouse is 49. The Applicant wants to be billed quarterly.

Applicant	\$4.95	x	100,(000)	=	\$495.00
Applicant AD&D	\$0.18	x	100,(000)	=	18.00
Spouse	\$3.03	x	25,(000)	=	75.75
Spouse AD&D	\$0.18	x	25,(000)	=	4.50
Total premium due each quarter					\$593.25

Your Calculations

	Table Rate		# Thousands of Coverage	=	Modal Premium
Applicant	_____	x	_____	=	_____
Spouse	_____	x	_____	=	_____
Dependent	_____	x	_____	=	_____
Total Premium Due					_____



MEDMUTUAL LIFE™

A Medical Mutual Company

EFT Authorization

If you wish to be billed through your financial institution, please complete the following authorization:

I authorize MedMutual Life Insurance Company to initiate deductions from my account. The authorization will remain in effect until MedMutual Life Insurance Company and my financial institution have received written notification from me within a reasonable time period to allow termination of the deduction.

Premiums are to be deducted from: Checking Savings

(Please note: Not all Financial Institutions allow deductions from savings account. Please verify this information with your financial institution.)

Name and Branch/Financial Institution

Address

City

State

Zip

Account Holder's Signature

Account Number

Account Holder's Name

Transit Routing Number

Date

Please attach a voided check for checking account or a deposit slip for savings account in order for our office to verify the bank information.