



LIFE INSURANCE COMPANY

A MEMBER OF THE TOKIO MARINE GROUP

Accident Insurance Portability Request

This form is to be used only when a person desires and is eligible to port Accident Insurance. This form must be completed in full and submitted to The Company within 31 days following the date of termination of insurance coverage. SEND TO: Reliance Standard Life Insurance Company, Premium Billing and Collection, 2001 Market Street, Suite 1500, Philadelphia, PA 19103-7090.

VERIFICATION OF INSURED PERSON'S ELIGIBILITY TO PORT ACCIDENT INSURANCE

<u>To Be Completed By Policyholder/Participating Unit</u>			
			☐ Male ☐ Female
1. Insured Person's full name _____ (Please Print)		2. Soc. Sec. Number _____	
3. Name of Policyholder/Participating Unit _____		4. Policyholder/Participating Unit No.: <u>VAI</u>	
5. Branch or Location (if different from 3.) _____			
6. Date of Hire: _____ Class: _____			
7. Effective Date of Coverage: Employee: _____ Spouse, if any: _____ Children, if any: _____			
8. Occupation/Job Title _____		9. Date Person Last Worked _____	
10. Date Employment Terminated (if different from 9.) _____			
11. If (9) and (10) differ, please explain _____			
12. Plan and Coverage in force, applicable to this Insured, under the Policy on date of termination of insurance coverage: Plan: ☐ A ☐ B ☐ C Coverage: ☐ Employee Only ☐ Employee & Spouse ☐ Employee & Child(ren) ☐ Employee, Spouse & Child(ren)			
13. Verified by _____ (Signed by authorized individual) Date Phone Number			

<u>To Be Completed By Applicant</u>			
Name _____		Spouse's Name _____	
Email _____			
Address _____ (Street) (City) (State) (Zip)			
Date of Birth: Employee: _____ Spouse, if any: _____ Children, if any: _____			
Plan Desired: ☐ A ☐ B ☐ C Coverage Desired: ☐ Employee Only ☐ Employee & Spouse ☐ Employee & Child(ren) ☐ Employee, Spouse & Child(ren)			
Plan and Coverage elected to be ported may not exceed Plan and Coverage option in force, applicable to this Insured, under the Policy on date of termination of insurance coverage			
Beneficiary:			
Full Name(s)	Relationship	Percent of Proceeds	SSN
_____	_____	_____	_____
_____	_____	_____	_____
Signature of Applicant	Email Address	Phone Number	Date Signed