

INSTRUCTIONS – PLEASE READ CAREFULLY

Portability Of Insurance

You may be eligible to buy portable Group Life Insurance if your employment with your employer terminates. If your employer's Group Life Insurance plan includes Accidental Death and Dismemberment (AD&D) and/or Dependents Insurance, you may also be eligible to buy those coverages.

To be eligible, you must meet the following requirements:

1. You must have been continuously insured under your employer's Group Life Insurance plan for at least 12 consecutive months on the date your employment terminates.
2. You must be under age 65 on the date your employment terminates.
3. If you do not buy Life Insurance for yourself, you may not purchase any other insurance coverages.

The minimum and maximum amounts of insurance eligible for Portability Of Insurance are shown in your employer's Group Life Insurance plan. The amounts of insurance you purchase under the Portability Of Insurance provision cannot be increased.

NOTE: Refer to the Right To Convert provision in your employer's Group Life Insurance plan for information regarding eligibility to convert to an individual life insurance policy. The combined amounts of insurance you purchase under the Portability Of Insurance provision and insurance you convert may not exceed the amount for which you or your Dependents were insured on the day before your employment terminates. You may also wish to contact an independent insurance agent to discuss other alternatives.

How to Apply

You must apply in writing and pay the first premium to us within 31 days after the date your employment terminates. This packet has two forms: one for you and one for your employer. **You are responsible for making sure all required forms are completed and returned to our office.** Processing will begin when both fully-completed forms and all applicable enrollment forms are received by us. If you have questions, please contact our office at the phone number shown above.

Premium rates are shown on Page 2 of this application, and are subject to increase with advancing age. Premium rates may be changed by Standard Insurance Company (The Standard) with advance written notice. Approved applicants will be billed quarterly (every three months). Checks are to be made payable to The Standard. Premium must be received by the due date.

If your application is approved, you will receive a Group Life Portability Insurance certificate which will provide a complete description of coverage. The Group Life Portability Insurance certificate will contain provisions that will be different from your employer's Group Life Insurance plan.

Please note:

Approved amounts will be reduced or terminated according to the terms of the Group Life Portability Insurance Policy. Group Life Portability Insurance ends automatically on the earliest of:

1. The date it would otherwise end under the Group Life Portability Insurance Policy.
2. The date the last period ends for which we received the required payment.
3. The date the Group Life Portability Insurance Policy terminates.
4. The date you become a full-time member of the armed forces of any country.
5. For any AD&D Insurance:
 - a. The date you reach age 65.
 - b. The date your Life Insurance ends.
6. For any Spouse Insurance, the date of your divorce or legal separation.
7. For any Spouse AD&D Insurance, the date your Spouse reaches age 65.
8. For any Dependents Insurance:
 - a. The date your portable Life Insurance ends.
 - b. The date the Dependent ceases to be a Dependent.
9. Your check will be deposited into a conditional receipts account while your application is pending. This does not constitute approval of your application or waiver of the policy's eligibility requirements. If we determine that you are not eligible for coverage, all funds will be returned to you.

Beneficiary Designation

Beneficiary designations that you made under your employer's Group Life Insurance plan will not apply to Group Life Portability Insurance. If you wish to designate a beneficiary for Group Life Portability Insurance, please complete the Beneficiary section on Page 4. If you do not designate a beneficiary, payment of any benefit will be made in accordance with the Benefit Payment and Beneficiary Provisions of the Group Life Portability Insurance Policy.

Standard Insurance Company

Continued Benefits
 800.378.4668 Tel 800.331.3397 Fax
 920 SW Sixth Avenue Portland OR 97204

Premium Computation Worksheet
 For Residents of North Carolina

GROUP LIFE and, if applicable, DEPENDENTS LIFE INSURANCE

Monthly Premium Rates for Member & Spouse per \$1,000 of Insurance			
Age (on last birthday)	Non-Tobacco Rate	Tobacco Rate	
0-34	\$ 0.16	\$ 0.22	
35-39	0.17	0.24	
40-44	0.23	0.34	
45-49	0.39	0.56	
50-54	0.56	0.81	
55-59	0.97	1.38	
60-64	1.47	2.09	
65-69	2.87	3.98	
70-74	4.70	6.31	
75-79	6.99	9.05	
80+	12.82	16.00	

	Member	Spouse	Child
1. Age			
2. Monthly Rate for age from above table			\$0.16 per \$1,000
3. Amount of Insurance			
4. Divide Line 3 by 1,000			
5. Multiply Line 4 by Line 2			
6. Add all amounts in Line 5 to arrive at Monthly Premium Amount \$			

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE (if applicable)

Monthly Premium Rate is \$0.04 per \$1,000 of AD&D Insurance	Member	Spouse	Child
a. Amount of AD&D Insurance	\$	\$	\$
b. Divide Line a by \$1,000	\$	\$	\$
c. Multiply Line b by \$0.04	\$	\$	\$
d. Add all amounts in Line c to arrive at Monthly Premium Amount \$			

TOTAL PREMIUM DUE

Add Line 6 to Line d above (if applicable) \$
Multiply by 3 to arrive at TOTAL QUARTERLY PREMIUM DUE \$

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Member Statement for Group Life Portability Insurance For Residents of North Carolina

Please type or print. **COMPLETE ENTIRE FORM.**

1. MEMBER INFORMATION

Name (last, first, middle)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street address	City	State	Zip code
Social Security No.	Telephone	Birthdate (month, day, year)	

2. DEPENDENTS INFORMATION (if applicable)

Spouse name (last, first, middle)	Spouse birthdate (month, day, year)
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3. EMPLOYER INFORMATION

Name of group	Group Number
Name of employer (if different)	Employer HR Contact and Phone Number
Your occupation with the employer	
Date you last worked for the employer	Employment termination date (if different)
If date you last worked and employment termination date differ, please explain:	

4. ELIGIBILITY

Date you became insured under your Employer's coverage under the Group Policy
Have you been insured under your Employer's group life insurance plan for at least 12 consecutive months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you under the age of 65 on the date your employment terminates? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or your spouse used tobacco in any form in the last 12 months? Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Spouse: <input type="checkbox"/> Yes <input type="checkbox"/> No

5. AMOUNT OF INSURANCE COVERAGE REQUESTED

GROUP LIFE and, if applicable, DEPENDENTS LIFE INSURANCE		AD&D INSURANCE (if applicable)
Member	\$	\$
Spouse	\$	\$
Children	\$	\$

Billing: If approved, you will be billed quarterly (every three months), at your home address. Premium must be received by the due date.

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6. BENEFICIARY

This beneficiary designation applies to all of your Group Life Portability Insurance and Accidental Death and Dismemberment Insurance, if any.

If you name two or more beneficiaries in a class (primary or contingent): (1) Two or more surviving beneficiaries will share equally, unless you provide for unequal shares. (2) If you provide for unequal shares in a class, and two or more beneficiaries in that class survive, we will pay each surviving beneficiary his or her designated share. Unless you provide otherwise, we will then pay the share(s) otherwise due to any deceased beneficiary(ies) to the surviving beneficiaries pro rata based on the relationship that the designated percentage or fractional share of each surviving beneficiary bears to the total shares of all surviving beneficiaries. (3) If only one beneficiary in a class survives, we will pay the total death benefits to that beneficiary.

If no beneficiary (primary or contingent) survives you, payment will be made as provided in the Group Life Portability Insurance Policy.

Insurance on your Spouse or other Dependents, if any, is payable to you, if living, or as provided under the terms of the Group Life Portability Insurance Policy.

Note: If death occurs and a minor is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid.

Primary

Full Name	% of Benefit	Address
Social Security No. <i>(if known)</i>	Date of Birth	Relationship
Full Name	% of Benefit	Address
Social Security No. <i>(if known)</i>	Date of Birth	Relationship
Full Name	% of Benefit	Address
Social Security No. <i>(if known)</i>	Date of Birth	Relationship

Contingent

Full Name	% of Benefit	Address
Social Security No. <i>(if known)</i>	Date of Birth	Relationship
Full Name	% of Benefit	Address
Social Security No. <i>(if known)</i>	Date of Birth	Relationship
Full Name	% of Benefit	Address
Social Security No. <i>(if known)</i>	Date of Birth	Relationship

7. AGREEMENT

I hereby apply for Group Life Portability Insurance.

I agree that no coverage will take effect until it is approved in writing by Standard Insurance Company. I understand that if my request is not accepted, any premium advanced by me will be refunded.

I understand that if I do not designate a beneficiary in the Beneficiary section on the preceding page, payment of any benefit will be made in accordance with the Benefit Payment and Beneficiary Provisions of the Group Life Portability Insurance Policy.

I hereby represent that all statements contained herein are complete and true to the best of my knowledge and belief, and that I meet all eligibility requirements. I have read and understand the information herein.

Signature	Date
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**Employer Statement for Group Life Portability Insurance
 For Residents of North Carolina**

Please type or print. ENTIRE FORM MUST BE COMPLETED BY EMPLOYER.

1. MEMBER INFORMATION

Full name		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Social Security No.	Birthdate	Occupation
Member's Insurance Class, if any, as defined by the Group Policy		

2. EMPLOYER INFORMATION

Group name	Employer name (if different)
Group number	Effective date of Employer's coverage under the Group Policy with The Standard
Is the Member's Group Life Insurance terminating because employment is ending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, date employment ended	Date coverage ends
Date Member last worked	
If no, reason for termination of Member's Group Life Insurance	
Original effective date of Member's coverage as your Employee (including with your prior carrier)	

3. AMOUNT OF INSURANCE

GROUP LIFE and, if applicable, DEPENDENTS LIFE INSURANCE			AD&D INSURANCE (if applicable)
Member	\$ ^{Basic}	Additional (if applicable)	\$
Spouse	\$		\$
Children	\$		\$

4. ANNUAL EARNINGS

Annual earnings on the last day of active work
Date of the last pay increase/decrease
Annual earnings prior to the last pay increase/decrease

5. EMPLOYER AUTHORIZATION

I hereby represent that the above information is true and complete to the best of my knowledge.	
Signature of authorized representative	Date
Name and title (please print or type)	
Address	Direct telephone number

6. ATTACHMENTS

PLEASE ATTACH COPIES OF ALL LIFE ENROLLMENT FORMS
Note: If enrollment forms are not provided, it may prevent us from approving the application.