



**STATE OF NEW HAMPSHIRE  
Portability Benefit Request Form  
To Continue Supplemental Group Term Life Coverage**

**ANTHEM LIFE – ADMINISTRATOR**

Request is hereby made to continue Employee Supplemental Group Term Life Insurance under the Portability option.

**Important:** To be eligible for continued coverage, this request **and the initial premium check** must be received by Anthem Life within 31 days of termination of employment.

EMPLOYEE NAME (LAST, FIRST, MI):			SOCIAL SECURITY NO:		
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE:	BIRTH DATE:	TELEPHONE NO:		
EMPLOYER : <b>State of New Hampshire</b>		GROUP NO: <b>AL00002490</b>	DATE LEFT EMPLOYMENT:		
AMOUNT OF INSURANCE TO BE CONTINUED: \$ (Amount cannot exceed current amount)			PREMIUM PAYMENT SCHEDULE SELECTION: <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual		
STREET ADDRESS:		CITY:	STATE:	ZIP CODE:	
PRIMARY BENEFICIARY NAME:			RELATIONSHIP:		
CONTINGENT BENEFICIARY NAME:			RELATIONSHIP:		

**PORTABILITY**

**YOUR LIFE INSURANCE OPTIONS UPON TERMINATION OF EMPLOYEE SUPPLEMENTAL GROUP TERM LIFE COVERAGE**

**When your employment ends (or in certain other situations in which Supplemental Group Term Life Coverage could be terminated), you may elect the option of portability to ensure continued life insurance coverage.**

When your group coverage is scheduled to end as stated in the portability section of your certificate, you may have the option of continuing Supplemental Group Term Life Insurance coverage under the portability provision of the Group Policy. You must be under age 65 to exercise this option. Your certificate describes portability option and eligibility requirements. Premiums will continue under the rate schedule below and will be determined by your age as of the effective date of your Portability coverage. Portability coverage also ends when you reach age 70. Conversion is available when coverage under Portability terminates. If hired after January 1, 2007, you must be continuously covered under this plan for 12 consecutive months to qualify for this option.

**If Portability is elected:** Supplemental Group Term Life coverage may be continued at the amount in force on the date your employment terminates. Your request for Portability and initial premium payment must be received by Anthem Life within 31 days of your coverage termination date. You may elect a quarterly, semi-annual, or annual premium payment schedule. If you choose Portability, send the completed request form and your first premium payment to Anthem Life Insurance Company at the address below.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Anthem Life Insurance Company • PO Box 182361 • Columbus • OH • 43218-2361

**SUPPLEMENTAL LIFE PORTABILITY RATES**

**Monthly Supplemental Life Portability Rates Per \$1,000 of Benefit**

Age	Rate/\$1,000	Age	Rate/\$1,000
< 30	\$ 0.20	50-54	\$ 0.93
30-34	\$ 0.21	55-59	\$ 1.62
35-39	\$ 0.24	60-64	\$ 2.31
40-44	\$ 0.36	65-69	\$ 4.09
45-49	\$ 0.61		

**Premium Rate Calculation Examples @ Age 47 for a \$50,000 Benefit**

Quarterly = \$ 0.61 x 50 x 3 = \$91.50 ► Semi Annual = \$ 0.61 x 50 x 6 = \$183.00 ► Annual = \$ 0.61 x 50 x 12 = \$366.00

**Home Office Use Only:** Effective Date:

Benefit Amount:

Premium: