MEDMUTUAL LIFE®
A Medical Mutual Company
100 American Road
Cleveland, OH 44144-2322

Application for Portability of Group Life

Telephone: 1-866-925-2542
PolicyAdmin@Medmutual.com

If your group Insurance coverage terminates, you may be eligible to continue your Life 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 or Summary Plan Description (SPD).

To apply:

1. Complete Part 2 of this Portability Application. 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 page three.
2. Mail completed application **together with your check or money order** for your initial premium to: MedMutual Life Insurance Company, 100 American Road, Cleveland, OH 44144-2322. ATTN: POLICY ADMINISTRATION
3. EFT Authorization may be set up following the first premium received by check or money order. Please fill out the EFT authorization box on page three. Sign and date the application.

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

Group Policy Number

Name of Employer	Telephone Number	Insurance Class for Life Coverage

Date Coverage Terminated	Last Day of Active Work	Annual Salary for Life Coverage (if salary based)	Reason for Termination
/ /	/ /	$_____	☐ Termination of employment or membership in eligible class ☐ Termination of Group Policy and Date Term'd _____ ☐ Disability ☐ Other (Specify) _____

Does **Applicant** have:
Basic Life? ☐ Yes ☐ No Amount $_____
Basic Dependent Life? ☐ Yes ☐ No Amount $_____
Supplemental/Voluntary Life? ☐ Yes ☐ No Amount $_____

Does **Applicant's Dependents** have: Supplemental/Voluntary Life? ☐ Yes ☐ No $_____Spouse Amount $_____Child(ren) 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 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
( )			/ /

Email address (required) _____

I wish to continue:	Applicant	Applicant Spouse	Applicant Child(ren)
Basic Life	☐ Yes ☐ No Amount $ _____		
Basic Dependent Life		☐ Yes ☐ No Amount $ _____	☐ Yes ☐ No Amount $ _____
Voluntary/Supplemental Life	☐ Yes ☐ No Amount $ _____	☐ Yes ☐ No Amount $ _____	☐ Yes ☐ No Amount $ _____

Please provide name and Date of birth for applicable Dependent child(ren) _____

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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 the 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

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 combined maximum of $100,000 for Basic/ Supplemental Life. To calculate your or your spouse's premium, find your or your spouse's attained age and the corresponding modal rate per $1,000 and/or Dependent Life from the columns below. Multiply this premium by the number of thousands of dollars of insurance you plan to continue.

Modal Premium Rates

Applicant/Spouse Life Rates
Quarterly Premiums Rate (per $1,000)

Attained Age	Table Rates
Under 30	0.72
30-34	0.78
35-39	1.07
40-44	1.73
45-49	3.03
50-54	4.95
55-59	8.88
60-64	11.45
65-70	22.87

Coverage terminates at age 65

Dependent Child Life Rate
Per Family per Quarter:

$ 5,000 Benefit – Family $3.00
$10,000 Benefit – Family $6.00

Applicant/Spouse Life Rates
Semi-Annual Premiums Rate (per $1,000)

Attained Age	Table Rates
Under 30	1.44
30-34	1.56
35-39	2.14
40-44	3.47
45-49	6.07
50-54	9.91
55-59	17.77
60-64	22.91
65-70	45.75

Coverage terminates at age 65

Dependent Child Life Rate
Per Family per Semi-Annual:

$ 5,000 Benefit – Family $ 6.00
$10,000 Benefit – Family $12.00

Applicant/Spouse Life Rates
Annual Premiums Rate (per $1,000)

Attained Age	Table Rates
Under 30	2.89
30-34	3.13
35-39	4.28
40-44	6.94
45-49	12.14
50-54	19.82
55-59	35.55
60-64	45.82
65-70	91.50

Coverage terminates at age 65

Dependent Child Life Rate
Per Family per Annual:

$ 5,000 Benefit – Family $12.00
$10,000 Benefit – Family $24.00

Billing mode (select one): ☐ Quarterly ☐ Semi-Annual ☐ Annual

Example

Applicant wants to exercise the Portability Option and continue his Life Insurance for $100,000, his spouse's Supplemental Life Insurance of $25,000 and his Dependent Child Life Rate at $5,000. The applicant is 54 years old and his spouse is 49, and wants to be billed quarterly.

Applicant	$4.95 x	100,(000) =	$495.00
Spouse	$3.03 x	25,(000) =	75.75
Dependent Child Life Rate	$0.50 x	5,(000) =	$2.50/$3.00
Total premium due each quarter			$497.20/$573.75

Your Calculations

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

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.