

The United States Life Insurance Company in the City of New York

New York, New York

Administrative Office: P.O. Box 30066, Tampa, FL 33630-3066

Phone: 1-877-672-1648, Fax: 1-877-672-1650

PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED. COMPLETE IN FULL AND PROVIDE ALL NECESSARY SIGNATURES. SEE THE NEXT PAGE FOR COMPLETE INSTRUCTIONS.

1. Group policy no. - _____ 2. Issued to _____
NAME OF EMPLOYER

3. Employee's full name _____
SOCIAL SECURITY #

Employee's date of birth _____ Amount of Insurance to be converted _____
MO. DAY YEAR

Name of Beneficiary _____ Relationship _____

4. Spouse's full name _____
SOCIAL SECURITY #

Spouse's date of birth _____ Amount of Insurance to be converted _____
MO. DAY YEAR

Name of Beneficiary _____ Relationship _____

5. Eligible dependent children to be converted? Yes No If yes, provide date of birth for youngest covered dependent child. _____

6. Employee's billing address _____
NUMBER STREET CITY STATE ZIP CODE

7. Date employee's employment terminated _____ Contact Telephone No. _____
MO. DAY YEAR

8. Reason for termination of employment _____

9. Select one billing mode: Annual Semiannual Quarterly

The applicable billing fees are:
Annual = \$25 per bill (\$25 per year)
Semiannual = \$20 per bill (\$40 per year)
Quarterly = \$15 per bill (\$60 per year)

10. **To determine amount of premium check to be sent in with request, use rates on the next page and calculate as follows:**

		Employee	Spouse	Children	Billing Fee	Total		
Annual	= <u>Insured's monthly premium</u>	x 12 = \$ _____	+ \$ _____	+ \$ _____	+ \$25.00	= \$ _____		
Semiannual	= <u>Insured's monthly premium</u>	x 6 = \$ _____	+ \$ _____	+ \$ _____	+ \$20.00	= \$ _____		
Quarterly	= <u>Insured's monthly premium</u>	x 3 = \$ _____	+ \$ _____	+ \$ _____	+ \$15.00	= \$ _____		

YOUR CHECK TOTALLING THE FIRST FULL PREMIUM FOR MODE SELECTED, FOR EACH INSURED, PLUS THE APPROPRIATE BILLING FEE MUST ACCOMPANY THIS REQUEST.

Signature of employee _____ Date signed _____

Signature of spouse _____ Date signed _____

THIS SECTION MUST BE COMPLETED BY YOUR EMPLOYER

I verify the following:

Current amount of coverage for employee \$ _____

Current amount of coverage for spouse \$ _____

Current amount of coverage for children \$ _____

Premium is paid through _____
MO. DAY YEAR

SIGNATURE OF EMPLOYER REPRESENTATIVE

DATE SIGNED

INSTRUCTIONS FOR COMPLETING THE REQUEST FOR PORTABILITY TO A GROUP TERM LIFE INSURANCE PLAN

1. You are eligible to port your term coverage after termination of employment if so stated in your certificate of insurance. Your lawful spouse and eligible dependent children, if insured are also eligible to port their coverage, but only if you port your coverage. You must apply within 45 days of your termination date. You and your spouse must be under age 70 and your children must be under the limiting age for dependent children. If you or your spouse are age 70 or older, conversion to an individual, whole life policy is available.
2. Be sure to fill this form out completely and obtain the appropriate signatures. You must obtain a signature from a representative of your employer and submit a COPY of your approved application or a copy of the letter showing your approved amount. Keep a copy for your records.
3. Submit a check for the appropriate premium plus the billing fee. Your request will not be processed without the appropriate check.

**Monthly Rate per
\$1,000 of Life Insurance***

Attained Age of Insured	Employees and Spouses
Less than 35	\$.15
35—39	.28
40—44	.50
45—49	.83
50—54	1.40
55—59	2.21
60—64	3.51
65—69	6.14

***The above rates are not guaranteed and are subject to change at the discretion
of AG Life Insurance Company of DE.**

EXAMPLE:	Monthly rate per	\$1,000	x	Approved coverage	x	Annual mode.	
	Age 35—39 Employee	\$.28	x	\$100,000	x	12	= \$336.00
	Spouse	\$.28	x	\$ 50,000	x	12	= \$168.00
	Children = \$.75 per \$2,500 unit		x 4 units	(\$10,000)	x	12	= \$ 36.00
	Billing fee is charged per family.			Billing Fee			= \$ 25.00
				Total			= \$565.00

4. You will receive a billing statement as soon as your request is processed.
5. At attainment age 70 (or any time before that) you and your spouse will have the right to convert to an individual, whole life policy. At attainment of the limiting age for dependent children, they will have the right to convert to an individual, whole life policy.
6. Make check payable to: **The United States Life Insurance Company in the City of New York**
7. Mail this request to: **American General Life Companies
P.O. Box 30066
Tampa, FL 33630-3066**