★∘★5STAR
LIFE INSURANCE
COMPANY

Request for Portability of
Voluntary Group Term Life and Voluntary Group Critical Illness

Portability of coverage for you and your dependents can be put into effect when your employment ends for as long as the Employer's Group Plan remains in effect. You may take advantage of the same group coverage by completing the following information, and returning the signed forms with your initial premium payment to 5Star Life Insurance Company within 31 days of the date your employment terminates. Subsequent premium payments may be made by Monthly Bank Draft, Direct Bill Quarterly, Semi-Annually, or Annually.

1. Group Name: _____

2. Group Policy #: _____

3. Certificate #: _____

4. Date employment was terminated: _____/_____/_____

5. Employee Social Security Number: _____-_____-_____

6. Employee Name: _____ Date of Birth ____/____/____

7. Spouse Name: _____ Date of Birth ____/____/____

8. Child Name(s): _____ Date of Birth ____/____/____

_____ Date of Birth ____/____/____

_____ Date of Birth ____/____/____

9. Employee Address: _____

10. Current Voluntary Group Term Life Insurance coverage for (coverage increases not allowed):

    Employee $_____ Spouse $_____ Each Child $_____

11. Current Voluntary Group Critical Illness Insurance coverage for (coverage increases not allowed):

    Employee $_____ Spouse $_____ Each Child $_____

12. I wish to pay my premium: ☐ Monthly Bank Draft
    ☐ Quarterly (3 x current monthly premium)
    ☐ Semiannually (6 x current monthly premium)
    ☐ Annually (12 x current monthly premium)

13. Amount of initial premium payment enclosed $_____
Premium is based on the current ages of you, your spouse, and the number of children. To discuss the amount of premium due, please consult your HR department or contact 5Star Life Insurance Company toll free at 1-866- 863-9753, Mon – Fri, 8:30AM – 5:00PM Eastern.

Signature of Applicant_____Date_____

Instructions:
1) Please be sure to check the box indicating the desired premium payment mode in Item 12.
2) Include with this portability request form your initial premium payment (check or money order payable to 5Star Life Insurance Company). Include your Certificate number (as shown in 3. above) on your check.
3) Submit Portability Request and check to:

5Star Life Insurance Company
P.O. BOX 83043
Lincoln, NE 68501-3043