Dearborn National®

Underwritten by Dearborn National® Life Insurance Company

Request for Portability

Administrative Office: 1020 31st Street, Downers Grove, Illinois 60515-5591

If your Insurance benefit terminates, you are eligible to continue your Supplemental/Voluntary Life and Dependent Life coverage. Except for the Additional Purchase Option, this can be done at the rate for your attained age indicated on the back, regardless of your physical condition. The Additional Purchase Option requires satisfactory evidence of insurability if your employer's group policy effective date is 4/1/03 or later. 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.

To apply:

1. Complete Part 2 of this application for portability. Be sure that your employer has completed Part 1. Premium rates and instructions for figuring your premium are shown on the back of this form.
2. Mail completed application **together with your check or money order** for the first modal premium within 31 days of termination of coverage to the address indicated on the back.

Part 1 TO BE COMPLETED BY EMPLOYER (A copy of original approved Evidence of Insurability must be submitted with this application)

Group Number	Name of Employer	Reason of Termination
F019017	City of Columbus	☐ Sickness ☐ Injury ☐ Retirement ☐ Other:
Date Employment Terminated	Date Coverage Terminated	Last Day of Actual Work
Insurance Class for Basic Life Coverage	Annual Salary for Basic Life Coverage (if salary based)	Date of Hire

Does **Employee** have: Supplemental/Voluntary Life:	☐ Yes ☐ No	Amount $	Signature of Person Authorized to Certify for Group
Supplemental/Voluntary Dependent Life:	☐ Yes ☐ No	Amount $	
Does **Spouse** have: Supplemental/Voluntary Life:	☐ Yes ☐ No	Amount $	Phone Number
Supplemental/Voluntary Dependent Life:	☐ Yes ☐ No	Amount $	
What rate is the Insured currently paying:	☐ Tobacco ☐ Non-Tobacco		Date
What rate is the Spouse currently paying:	☐ Tobacco ☐ Non-Tobacco		Email

Part 2 TO BE COMPLETED BY INSURED 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, I elect to continue my coverage under the Group Policy and agree to pay for the coverage(s) indicated below.

Name (Last)	(First)	(MI)	Social Security Number	Sex	Phone Number

Street Address	City	State	Zip Code

Date of Birth	Last Date of Active Work	Email

Spouse Name (Last)	(First)	(MI)	Spouse Sex	Spouse Date of Birth

Reason of Termination
☐ Sickness ☐ Injury ☐ Retirement ☐ Other: _____

I wish to continue:	Employee	Spouse
☐ Supplemental/Voluntary Life	☐ Yes ☐ No Amount $	☐ Yes ☐ No Amount $
☐ I wish to exercise the Supp/Vol Life Additional Purchase Option	☐ Yes ☐ No Amount $	
☐ Supplemental/Voluntary Dependent Life	☐ Yes ☐ No Amount $	☐ Yes ☐ No Amount $
☐ Other _____	☐ Yes ☐ No Amount $	

Beneficiary Designation First Name Last Name	Date of Birth	Social Security Number	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%.

Billing Mode (Select one) ☐ Quarterly ☐ Semi-Annual ☐ Annual

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 Insurance Policy is being determined, the company may deposit the payment submitted with this application. If I am not eligible to continue my Group Insurance, the sole obligation of the company shall be to refund the above payment.

Employee Signature _____ Date _____ Spouse Signature _____ Date _____

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.

R4212015 | Z6060 IL

Portability Premium Calculation Worksheet

You may continue an amount up to the full amount of your Supplemental/Voluntary Term Life benefit without evidence of insurability. Subject to satisfactory evidence of insurability under the Additional Purchase Option, if the group policy effective date is 4/1/03 or later, you may continue up to $50,000 of your Basic Group Term Life benefit. To calculate your premium find the applicant's attained age and the corresponding basic quarterly premium per $1,000 from the columns below. **If you and/or your spouse have used cigarette or tobacco products within the last two years, the tobacco rates should be used in calculating the first modal premium.** Multiply this premium by the number of thousands of dollars of insurance you plan to continue.

Supplemental/Voluntary Life Rates
Quarterly Premiums (per $1,000)

Attained Age	Non-Tobacco	Tobacco
Under 30	$0.45	$0.87
30-34	$0.51	$0.93
35-39	$0.72	$1.26
40-44	$1.23	$2.01
45-49	$1.71	$3.75
50-54	$2.85	$6.09
55-59	$4.95	$11.01
60-64	$7.77	$13.44

Coverage terminates at age 65 for groups with effective dates of 9/1/08 or later

Attained Age	Non-Tobacco	Tobacco
65-69	$12.27	$21.63

Coverage terminates at age 70 for groups with effective dates between 4/1/03-8/31/08.

Group policyholder effective date prior to 4/1/03

70-74	$19.65	$34.50
75 and Over	$34.80	$57.90

Supplemental/Voluntary Dependent Life Rates per Family per Quarter:

$5,000 Benefit - Family $3.00

$10,000 Benefit - Family $6.00

Example

Employee wants to exercise the Portability Option and continue his Voluntary Term Life Insurance for $100,000, his spouse's Voluntary Term Life Insurance of $10,000 and his Voluntary Dependent Life. The employee is 54 years old and his spouse is 49 and they are both non-tobacco users. The employee wants to be billed quarterly.

Employee	$2.85	X	100,(000)	=	$285.00
Spouse	$1.71	X	10,(000)	=	17.10
Voluntary Dependent Life			5,000	=	3.00

Total premium due each quarter $305.10

Your Calculations

	Table Rate	X	# Thousands of Coverage	=	Quarterly Premium
Employee	_____	X	_____	=	_____
Spouse	_____	X	_____	=	_____
Voluntary Dependent Life	_____	X	_____	=	_____

Mail to: Dearborn National
1020 31st Street
Downers Grove, IL 60515-5591

Questions: 1-800-348-4512

Underwritten by Dearborn National® Life Insurance Company

Fraud Notices

Administrative Office: 1020 31st Street, Downers Grove, Illinois 60515-5591

The laws of some states require us to furnish you with the following notice:

FOR APPLICATIONS AND CLAIMS:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading material facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading material facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Hawaii: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a 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.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine & Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Maryland: Any person who knowingly and willingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowingly that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: Any person who knowingly, with intent to injure, defraud or deceive any insurer, makes a claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

Pennsylvania: 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.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Virginia: Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.

Fraud Notices

Administrative Office: 1020 31st Street, Downers Grove, Illinois 60515-5591

The laws of some states require us to furnish you with the following notice:

FOR CLAIMS ONLY:

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

California: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement or claim containing false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FOR APPLICATIONS ONLY:

Massachusetts: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.