

ASI

Association Services, Inc.

Specializing in Employer Group Health & Voluntary Worksite Payroll Insurance Products

SAMPLE LETTER

NAME

ADDRESS LINE 1

ADDRESS LINE2

Reference to: Life Insurance Portability

Enclosed is a Reliance Standard Life Ins. portability application. Please make sure all information is complete before returning. Reliance Standard Life Ins. Co. will contact you in reference to your life policies and premiums, etc. When all is complete, please return the portability application to:

ASI

P.O. Drawer 1597

Livingston, LA 70754

Please allow a minimum of 6 weeks for billing processing. If you have any questions, please give me a call. Thanks and have a blessed day! ☺

Sincerely,

Association Services Staff

28975 S. Satsuma Road, Suite A

P.O. Drawer 1597

Livingston, LA 70754

(225) 435-0400 / 888-928-9222

Fax (225) 435-0403

This form is to be used only when a person desires and is eligible to port Term Life Insurance. This form must be completed in full and submitted to The Company within 31 days following the date of termination. SEND TO: Reliance Standard Life Insurance Company, Premium Billing and Collection, 2001 Market Street, Suite 1500, Philadelphia, PA 19103-7090.

VERIFICATION OF INSURED PERSON'S ELIGIBILITY TO PORT TERM LIFE INSURANCE

To Be Completed By Policyholder/Participating Unit

Male Female

1. Insured Person's full name _____
(Please Print)
2. Soc. Sec. Number _____
3. Name of Policyholder/Participating Unit _____
4. Policyholder/Participating Unit No.: _____
5. Branch or Location (if different from 3.) _____
6. Date Employed: _____ Salary: _____ Date Last Salary Change: _____ Class: _____
7. Effective Date of Coverage: Employee: _____ Spouse, if any: _____ Children, if any: _____
8. Occupation/Job Title _____
9. Date Person Last Worked _____
10. Date Employment Terminated (if different from 9.) _____
11. If (9) and (10) differ, please explain _____
12. Amount of Term Life Insurance (including the amount of any AD&D rider coverage, if applicable) in force under the Policy on date of termination: Employee \$ _____ Spouse, if any \$ _____ Children, if any \$ _____
13. Verified by _____
(Signed by authorized individual) Date _____ Phone Number _____

To Be Completed By Applicant

Name _____ Spouse's Name _____

Address _____
(Street) (City) (State) (Zip)

Date of Birth: Employee: _____ Spouse, if any _____ Children, if any _____

Amount of Coverage Desired (must be equal to or less than amount in force): may not exceed \$500,000 from all Reliance Standard Life/AD&D coverage combined):

Employee: \$ _____ Spouse, if any: \$ _____ Children, if any: \$ _____

Beneficiary:

Full Name(s)	Relationship	Percent of Proceeds	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Applicant _____ Email Address _____ Phone Number _____ Date Signed _____