AFBA 5STAR LIFE INSURANCE COMPANY

Request for Portability of Voluntary Group Term Life

Portability of coverage for you and your dependents can be put into effect when your employment ends.

You may take advantage of the same group coverage by completing the following information, signing the form, and mailing it with your initial premium payment to 5Star Life Insurance Company within 31 days of the date shown in Item 4. We will mail you subsequent billing statements at the address shown in Item 9. Your beneficiary designation does not change.

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 ____________
   _____ Date of Birth ____________
9. Employee Address_____
10. Current Voluntary Term Life Insurance coverage for (does not allow increase of current coverage):
    Employee $_____ Spouse $_____ Each Child $_____
11. I wish to pay my premium:
    - ☐ Quarterly (3 x current monthly premium)
    - ☐ Semiannually (6 x current monthly premium)
    - ☐ Annually (12 x current monthly premium)
12. Amount of initial premium payment $_____

Premium is based on 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 (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 11.
2) Include with this portability request form your initial premium payment (check or money order payable to 5Star Life Insurance Company). Be sure to include your certificate number (as shown in 3. above) on your check.
3) Submit to the following company name and address:

5Star Life Insurance Company
Administrative Offices:
421 South 9th Street, Suite 222
Lincoln, NE 68508
866-863-9753