TERM LIFE COVERAGE CONTINUATION REQUEST

ReliaStar Life Insurance Company, Minneapolis, MN A member of the Voya® family of companies

Administrative Office:

2N - New Business, 20 Washington Avenue South, Minneapolis, MN 55401

Instructions

Employer: Read the policy/certificate carefully to determine which coverage(s) are eligible for continuation. Complete and sign the unshaded portion of this form. Send to the employee/owner to complete. If your plan provides separate policies or certificates for spouses, then employee and spouse information must be completed on separate forms, with the spouse form to be sent to the spouse to complete.

Employee / Spouse / Owner (person eligible to elect continuation): Complete the shaded portion of this form and return to the address shown below. Be sure to include copies of beneficiary designations as well as your first quarterly premium. **Coverage will not be continued without this information.** This form must be received within 31 days of the date premium is paid as shown on this form.

1. EMPLOYER / GROUP INFORMATION (This section to be completed by employer.)

count Number
nual Salary at Termination \$
ction to be completed by employer.)
e Initial) (Last)
Phone ()
Annual Salary at Termination \$
Yes 🔲 No If "Yes," date of disability
Yes No If "Yes," date of the claim.
nployee SSN (if other than Insured)
ate Basic Life Premium Paid To
ate Supplemental Life Premium Paid To

Coverage Type	Coverage Amount at Termination	(1) Coverage Amount Eligible For Continuation	(2) Monthly Premium Rate Per \$1,000	Quarterly Premium Due (Coverage x Rate x 3)
Employee Basic Life				
Employee Basic AD&D				
Supplemental Life				
Supplemental AD&D				
Total				

3. SPOUSE / CHILDREN INFORMATION (This section to be completed by employer.)

Spouse / Children Coverage Effective Date

Date Spouse / Children Premium Paid To



3. SPOUSE/CHILDREN INFORMATION (Continued)

	Name (First, MI, Last)	Birth Date	Gender	SSN/TIN
Spouse			□ M □ F	
	Address			Phone ()
Child #1			□ M □ F	
	Address			Phone ()
Child #2			□ M □ F	
	Address			Phone ()
Child #3			□ M □ F	
	Address			Phone ()

Coverage Type	Coverage Amount at Termination	(1) Coverage Amount Eligible For Continuation	(2) Monthly Premium Rate Per \$1,000	Quarterly Premium Due (Coverage x Rate x 3)
Spouse Life				
Spouse AD&D				
Children Life				
Children AD&D				
Spouse & Children Llfe (if one rate applicable to both)				
		·	Total	

(1) Coverage at termination limited by the maximum coverage that can be continued.

(2) For supplemental and spouse/children coverage, premium rates for continuing coverage will typically stay the same as for active employees; however are subject to future increases. For basic life and AD&D, premium rates for continuing coverage will be provided to the employee by the employer.

4. QUARTERLY PREMIUM DUE (This section to be completed by employer.)

Quarterly premium due (total of Insured Employee (or Spouse) and Spouse/Children premium above)		\$	
Quarterly billing charge	+	\$ 3.50	
Total payment required with this form (Insured + Spouse/Children)		\$	
Employer Representative Signature	Date _		
Phone ()Email			

5. BILLING INFORMATIC	N (This section to be completed by em	mployee / spouse / owner (person eligible to elect continuati	ion).)
Billing Address			
City		State ZIP	
-	irst quarterly premium made payable to Relias ectly for this Term Life Insurance coverage.	iaStar Life Insurance Company. I hereby authorize ReliaStar Life Insura	ance
Has the Employee used tobacco	products of any kind in the last 12 months?	Yes] No
Has the Spouse used tobacco p	roducts of any kind in the last 12 months?	Yes] No
Employee/Spouse/Owr	er Signature	Date	
Mail to: ReliaStar Life Insuran QUESTIONS? Call Customer S	• •	hington Avenue South, Minneapolis, MN 55401	
6. HOME OFFICE USE C	NLY (This section to be completed by	by the Insurer.)	
Date Received	Renewal Date	Date Mailed	
Group Number	Ce	Certificate Number	