

INSTRUCTIONS - PLEASE READ CAREFULLY

Portability Of Insurance

If you meet the Group Policy's eligibility requirements, you may apply for Group Life Portability of Insurance subject to the following:

1. You may continue your Life Insurance, Dependents Life Insurance for your Spouse/Domestic Partner, or your AD&D Insurance, if any. If you do not continue your Life Insurance, you may not continue Dependents Life Insurance.
2. Insurance that has been continued will be terminated on the date you become insured again under the Multnomah County Group Policy.

The minimum and maximum amounts of Insurance eligible for Portability Of Insurance are shown in the Coverage Features section of the Group Policy and Certificate. The amounts of Insurance you continue cannot be increased. Insurance amounts will be reduced or terminated according to the terms of the Group Policy in effect on the date your employment with your Employer terminates, you no longer meet the Definition of a Member, you are no longer eligible for Waiver Of Premium, or you retired under the Employer's retirement plan.

NOTE: Refer to Right To Convert in your Certificate for information regarding eligibility to convert to an individual life insurance policy. Any combination of Insurance you continue and Insurance you convert may not exceed the amount for which you or your Dependents were insured on the date your employment terminates.

How To Apply

You must apply in writing and pay the first premium to us within 60 days after the date your employment with your Employer terminates, you no longer meet the Definition of a Member, you are no longer eligible for Waiver Of Premium, or you retired under the Employer's retirement plan. This packet has one form for you to fill out. All questions on these forms must be completed. If you have questions, please contact our office at the phone number shown above. You are responsible for making sure all required forms are completed and returned to our office. Processing will begin when both completed forms are received by us.

Premium rates are shown in the Coverage Features section of the Group Policy and Certificate, and are subject to increase with advancing age. Premium rates may be changed by Standard with advance written notice. If approved, you will be billed quarterly (every three months), at your home address. Premium must be received by the due date. There is no grace period for Portability Of Insurance. Checks are to be payable to Standard Insurance Company.

Keep your Certificate. It is your certificate of coverage for your continued insurance under the Portability Of Insurance provision. Please note that Insurance continued under the Portability Of Insurance provision ends automatically on the earliest of:

1. The date it would otherwise end under the Group Policy.
2. The date you become insured again under this Group Life Insurance plan.
3. For your Spouse/Domestic Partner, upon the death of the Member, Portability coverage may be continued for your Spouse/Domestic Partner. Upon the death of the insured Member, a Spouse/Domestic Partner may elect to continue the amounts of Dependent Life Insurance that were previously continued under Portability Of Insurance. The amount of Insurance continued under this provision cannot be increased.

Beneficiary Designation

Please provide us with the beneficiary designation form on file with the Policyholder/Employer. If you cannot provide that form, or if you wish to change your beneficiary designation, please complete the Beneficiary section on Page 4. If we do not receive the form and if you do not complete the Beneficiary section on Page 4, you will not have a designated beneficiary. In that event, payment of any benefit will be made in accordance with the Beneficiary Provisions of the Group Policy.

GROUP LIFE and, if applicable, DEPENDENTS LIFE INSURANCE

Monthly Premium Rates for Member & Spouse per \$1,000 of Insurance		
Age (as of previous July 1)	Rate	
Under 25	\$	0.060
25 through 29		0.060
30 through 34		0.080
35 through 39		0.090
40 through 44		0.100
45 through 49		0.170
50 through 54		0.290
55 through 59		0.470
60 through 64		0.760
65 through 69		1.270
70 or over		2.060

	Member	Spouse
1. Age		
2. Monthly Rate for age from above table		
3. Amount of Insurance		
4. Divide Line 3 by 1,000		
5. Multiply Line 4 by Line 2		
6. Add all amounts in Line 5 to arrive at Monthly Premium Amount	\$	

GROUP ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D) INSURANCE (if applicable)

Monthly Premium Rate is \$0.046 per \$1,000 of AD&D Insurance	Member	Spouse
a. Amount of Insurance from Line 3		
b. Divide Line a by \$1,000		
c. Multiply Line b by \$0.046 to arrive at Monthly Premium Amount	\$	

TOTAL PREMIUM DUE

Add Line 6 to Line c above (if applicable)	\$
Multiply by 3 to arrive at TOTAL QUARTERLY PREMIUM DUE	\$

Please type or print. Complete entire form.

IDENTIFICATION

Name: _____
 (last) (first) (middle)

Address: _____
 (street address)

_____ (city) (state) (zip code)

Social Security Number: _____ Telephone No.: (____) _____

Birthdate: _____ Sex: M F
 (mo) (day) (year)

GROUP POLICY

Name of Policyholder: Multnomah County

Name of Employer, if different: _____

Group Policy No.: 755566

Date you became insured under the Group Policy: _____

★ Date you last worked for the Policyholder/Employer: _____

★ Employment termination date (if different): _____

If date you last worked and employment termination date differ, please explain: _____

AMOUNT

You may continue your Life Insurance, Dependents Life Insurance for your Spouse/Domestic Partner, or your AD&D Insurance, if any. If you do not continue your Life Insurance, you may not continue Dependents Life Insurance.

LIFE INSURANCE		
	PLAN 1 (BASIC)	PLAN 2 (SUPPLEMENTAL)
Employee:	\$ _____	\$ _____
Spouse:	\$ _____	\$ _____

AD&D INSURANCE

Employee Only: \$ _____

Billing: If approved, you will be billed quarterly (every three months), at your home address. Premium must be received by the due date. There is no grace period for Portability of Insurance.

Please complete reverse side

(continued)

This beneficiary designation: (1) revokes all prior designations, and (2) applies to all Life and/or AD&D Insurance, if any, on your life that you continue under the Portability Of Insurance provision. Insurance on your Spouse or other Dependents, if any, is payable to you, if living, or as provided under the terms of the Group Policy.

Insurance benefits are only payable to a contingent beneficiary if you are not survived by one or more primary beneficiary(ies). Unless specified otherwise: (1) the insurance benefits will be divided equally between beneficiaries in the same class (primary or contingent), and (2) if a beneficiary predeceases you, the beneficiary's share will be divided equally among surviving beneficiaries of the same class. If no beneficiary (primary or contingent) survives you, payment will be made as provided in the Group Policy.

PRIMARY Full Name	Address	Social Security #	Date of Birth	Relationship
CONTINGENT Full Name	Address	Social Security #	Date of Birth	Relationship

I hereby apply to continue Insurance available under the terms of the Group Policy.

I agree that no coverage will take effect until it is approved in writing by Standard Insurance Company. I understand that if my request is not accepted, any premium advanced by me will be refunded.

I understand that if I do not provide the beneficiary designation form on file with the Policyholder/Employer, or if I do not designate a beneficiary in the Beneficiary section above, payment of any benefit will be made in accordance with the Beneficiary Provisions of the Group Policy.

I hereby represent that all statements contained herein are complete and true to the best of my knowledge and belief, and that I meet all eligibility requirements for continued insurance under the Group Policy's Portability Of Insurance provision. I have read and understand the information herein.

FRAUD NOTICES

FOR RESIDENTS OF ARKANSAS, DISTRICT OF COLUMBIA, KENTUCKY, LOUISIANA, MAINE, NEW MEXICO, OHIO, OKLAHOMA, TENNESSEE AND WASHINGTON: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.

FOR RESIDENTS OF COLORADO: It is unlawful to knowingly provide false, incomplete or misleading 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 facts or information to the 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.

FOR RESIDENTS OF FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive an insurance company, files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

FOR RESIDENTS OF MARYLAND, RHODE ISLAND: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR RESIDENTS OF 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.

Signature: _____

Dated: _____