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Portability Option for Group Term Life Insurance

Aetna Life Insurance Company - Cleveland, Ohio 44124-0846

Read This Instruction Page Carefully

Instructions

1. Employer ***Please Print***	1. Complete the "Portability Option for Group Term Life Insurance" section of the application. 2. Be sure that: • All items are completed • The form is signed by your authorized representative 3. Return the application to your employee. Instruct the employee to complete the "Request for Portability of Group Term Life Insurance" section of the application.
2. Employee **Please read the Fraud Notice on the back of the form, before completing.** ***Please Print***	1. Complete the "Request for Portability of Group Term Life Insurance" section of the application in its entirety. 2. Determine your maximum coverage amount available. Consult the Portability Plan Outline for the Guaranteed Standard Issue (GSI) amount and the Portability Maximum. **If the two amounts match**, you will not have to send us evidence of good health. Your first premium payment will cover the GSI amount only. **If the Portability Maximum amount is more than the GSI amount**, and you are requesting more coverage than the GSI, you will need to provide evidence of good health before we can qualify you for the added coverage. After we receive your "Portability Option for Group Term Life Insurance", we will send you an Evidence of Insurability form to complete and return to us within 31 days of the date the letter and form is sent to you. For now, just pay the GSI amount. If we approve the additional coverage after reviewing the medical information, we will send you a bill for the extra amount. You will have 31 days from the due date on the bill to submit payment. If your payment is not received within that time, your coverage amount will be limited to the GSI. If we cannot approve the amount above the GSI, your coverage will be limited to the GSI amount. We will send a letter explaining this. You may convert the coverage that we were not able to approve to an individual whole life insurance policy. Our response letter will include an application for this added coverage. Send the completed application plus the premium to Aetna within 31 days of the date of the letter. 3. Consult the Rate Tables and instructions (included in the package) to determine your premium. Make your check or money order payable to Aetna for the applicable amount. 4. Be sure to: • Complete all items. • Sign the form. 5. Make a copy of the application for your records and mail the original along with your check to: Aetna Life Insurance Company PO Box 24846 Cleveland, OH 44124-0846

Please call Aetna at 1-877-503-3448 if you have any questions about how to complete the Request for Portability of Group Term Life Insurance form.

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Portability Option for Group Term Life Insurance

Aetna Life Insurance Company - Cleveland, Ohio 44124-0846
For questions call 1-877-503-3448

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Complete and return this form along with the first premium payment within 31 days after the employee loses their group term life insurance.
Do not make your first premium payment for more than the Guaranteed Standard Issue amount, even if you are eligible for and are applying for more than that amount.

I hereby apply for coverage in accordance with the portability provision of the group policy issued to:
Former Employer's Name Maine Public Employees Retirement System

Employee Coverage (Please Print – Shaded areas are required fields and **MUST** be completed by the employee)

1. Employee Name (First, Middle Initial, Last)	2. Gender ☐ Male ☐ Female	3. Birth Date (MM/DD/YYYY)
4. Residence (Number, Street, City, County, State, Zip Code)	5. Social Security Number	
4a. E-mail Address	6. Telephone Numbers (Include Area Code) Home ( ) Work ( )	
7. Coverage Termination Date Month _____ Day _____ Year _____	8. Were you actively at work on your date of termination? ☐ Yes ☐ No If "No," please explain in Number 3 under "Other" (at bottom of page). Actively at work means you were not disabled and away from work due to illness or injury on the date of termination.	
9. Amount of Insurance Requested (Must not exceed amount of Group Term Life Insurance when coverage terminated and is subject to the limits described in your certificate.): $ _____ 9a. Guaranteed Standard Issue Amount at Termination: $ _____ 9b. Portability Maximum at Termination: $ _____	10. Other Benefits and Amounts (Check only the benefits you had at time of termination.) ☐ Accidental Death Amount $ _____ ☐ Life Disability Benefit (Waiver of Premium)	
11. Have you (employee) used tobacco products (cigarettes, cigars, pipe, chewing tobacco, etc.) within the past 12 months? ☐ Yes ☐ No		

Spouse Coverage (Please Print)

1. Spouse Name (First, Middle Initial, Last)	2. Gender ☐ Male ☐ Female	3. Birth Date (MM/DD/YYYY)
4. Residence (Number, Street, City, County, State, Zip Code) If different than above employee only	5. Social Security Number	
6. Amount of Insurance Requested (Must not exceed **spouse** amount of Group Term Life Insurance for which the employee paid the entire cost when employee coverage terminated, and must not exceed amount of employee insurance. Subject to the limits described in the employee certificate.) $ _____	7. Other Benefits and Amounts (Check only the benefits you had at time of termination.) ☐ Accidental Death Amount $ _____	
8. Has spouse used tobacco products (cigarettes, cigars, pipe, chewing tobacco, etc.) within the past 12 months? ☐ Yes ☐ No		

Child Coverage - Provide Information on the Youngest Child Only (Please Print)

1. Child Name (First, Middle Initial, Last)			
2. Social Security Number	3. Age	4. Birth Date (MM/DD/YYYY)	5. Gender ☐ Male ☐ Female
6. Amount of Insurance Requested (Must not exceed amount of **child** Group Term Life Insurance for which the employee paid the entire cost when employee coverage terminated, and must not exceed amount of employee insurance. Subject to the limits described in the employee certificate.) $ _____			

Beneficiary Information (Please Print)

Beneficiary(s) under Portable Group Term Life Insurance

	Name (First, Middle Initial, Last)	Social Security Number	Birth Date (MM/DD/YYYY)	Relationship to Employee
a. Primary				
b. Contingent				

Beneficiary for the dependent coverage(s) applied for is the employee unless the coverage is assigned, in which case the assignee will be beneficiary.)

Other (Please Print)

1. Premium Payable ☐ Annual ☐ Semi-annual ☐ Quarterly	2. Premium Amount Enclosed $ _____
3. Additional Information (Refer to specific section and question number.)	

THE UNDERSIGNED UNDERSTANDS AND ACKNOWLEDGES THAT: (1) The statements and answers made herein are complete and true to the best of my knowledge and belief; (2) issuance of the portable coverage applied for shall be exchanged for all privileges and benefits under the Group Policy, including the conversion provision, with respect to the portability amount requested; (3) no person other than an officer of Aetna can make, modify, or discharge a contract or waive any of Aetna's rights or requirements; (4) no portable coverage will be effective unless this enrollment form and premium required have been made in accordance with the terms of the Group Policy; if not, any payment received will be refunded; (5) the effective date of portable coverage applied for will be 31 days following the group coverage termination date, otherwise known as the "portability date." If any balance due is not paid, any portable coverage provided will continue only for the period that the payment will purchase on a pro-rata basis.

Signed at _____ on _____ X _____
City, State Date Employee Signature

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Privacy Notice

In evaluating your insurability, we rely primarily on the health information you furnish to us in this statement.

Disclosure of Information

All of this information will be treated as confidential and will not be disclosed to others without your authorization, except to the extent necessary for the conduct of our business and not contrary to any law. In addition, information may be furnished to regulators of our business and to others as may be required by law, and to law enforcement authorities when necessary to prevent or prosecute fraud or other illegal activities.

Your Right of Access and Correction

In general, you have a right to learn the nature and substance of any information in our files about you. You also have a right of access to such files (except information that relates to a claim or a civil or criminal proceeding) and to request correction, amendment or deletion of recorded personal information in states that provide such right and grant immunity to insurers providing such access. We may elect, however, to disclose details of any medical information you request to your (attending) physician. If you wish to exercise this right or if you wish to have a more detailed explanation of our information practices, please contact:

Aetna Life Insurance Company, PO Box 24846, Cleveland, OH 44124-0846

Misrepresentation

Any person who knowingly and with intent to injure, defraud or deceive 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.

Attention Alabama Residents: 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. **Attention Arkansas, District of Columbia, Rhode Island and West Virginia Residents**: 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. **Attention California Residents**: For your protection, California law requires notice of the following to appear on this form: 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. **Attention Colorado Residents**: 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 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. **Attention Florida Residents**: 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. **Attention Kansas and Missouri Residents**: Any person who knowingly and with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention Kentucky Residents**: Any person who knowingly and with intent to defraud any insurance company or other person files 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 and may subject such person to criminal and civil penalties. **Attention Louisiana Residents**: 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 is guilty of a crime and may be subject to fines and confinement in prison. **Attention Maine and Tennessee Residents**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits. **Attention Maryland Residents**: 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. **Attention New Jersey Residents**: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties. **Attention New York Residents, the following statement applies only to your AD&D and Disability coverage:** 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation. **Attention North Carolina Residents**: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and subjects such person to criminal and civil penalties. **Attention Ohio Residents**: Any person who, with intent to defraud or knowing 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. **Attention Oklahoma Residents**: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Attention Oregon Residents**: Any person who with intent to injure, defraud or deceive any insurance company or other person submits an enrollment form for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may have violated state law. **Attention Pennsylvania Residents**: 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. **Attention Puerto Rico Residents**: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars ($5,000), not to exceed ten thousand dollars ($10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years. **Attention Vermont Residents**: Any person who knowingly and with intent to injure, defraud or deceive 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 may be a crime and may subject such person to criminal and civil penalties. **Attention Virginia Residents**: Any person who knowingly and with intent to injure, defraud or deceive 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 act, which is a crime and subjects such person to criminal and civil penalties. **Attention Washington Residents**: 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.

Monthly Coverage Rates

Monthly Rates

Monthly premium rates per $1,000 of coverage for the Aetna Portable Group Term Plan.

Description: Premium rates are based upon your issue age when the portable coverage takes effect and will change annually on January 1 when you cross age bands. Rates are provided for tobacco user and non-tobacco user. Select the appropriate tobacco user or non-tobacco user rates for your coverage and your spouse's coverage, if applicable. A person who has not used tobacco products (cigarettes, cigars, pipe, chewing tobacco, etc.) within the past 12 months is considered a non-tobacco user.

The rates included in the table below were appropriate for the plan at the time they were prepared. The rates are subject to change annually without notice. Please confirm that the rates shown are for the current year. Rates may be verified by calling Life Customer Service Center at 1-877-503-3448. These rates do not include the billing fee, expected to be $2.00 per bill charged to the employee.

Monthly Rates – Employee and Spouse

Issue Age	Employee Non-Tobacco User	Employee Tobacco User	Spouse Non-Tobacco User	Spouse Tobacco User
15-19	0.072	0.123	0.072	0.123
20-24	0.072	0.123	0.072	0.123
25-29	0.072	0.123	0.072	0.123
30-34	0.082	0.14	0.082	0.14
35-39	0.113	0.195	0.113	0.195
40-44	0.165	0.285	0.165	0.285
45-49	0.29	0.5	0.29	0.5
50-54	0.464	0.805	0.464	0.805
55-59	0.731	1.275	0.731	1.275
60-64	1.154	2.025	1.154	2.025
65-69	1.998	3.513	1.998	3.513
70-74	3.512	6.163	3.512	6.163
75-79	6.149	10.788	6.149	10.788
80-84	10.764	18.875	10.764	18.875
85-89	18.839	33.038	18.839	33.038
90-94	32.97	57.813	32.97	57.813
95-99	57.701	101.175	57.701	101.175

Monthly Rates – Accidental Death Coverage

$0.04 per $1,000 of coverage

Monthly Rates – Dependent Child(ren)

$0.20 per $1,000 of coverage

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Life Insurance Portability Plan Outline

Premium Calculation

The following payment arrangements are available to you on a direct-billed basis (Aetna will mail bills directly to your mailing address).
Annual (once per year),* Semiannual (twice per year) and Quarterly (four times per year)*****

To calculate your premium cost estimate, use the appropriate age, coverage amount(s) and your selected premium payment arrangement.

	Employee/Spouse Coverage	Example	Your Cost Estimate
1	Enter the amount of insurance requested on yourself, but do not enter more than the Guaranteed Standard Issue amount even if you are requesting more than the amount on your application.	$20,000	
2	Amount of insurance requested in #1 (above) divided by 1,000 equals:	20	
3	Enter the amount of insurance requested on your spouse, but do not enter more than the Guaranteed Standard Issue amount even if you are requesting more than the amount on your application.	$10,000	
4	Amount of insurance requested in #3 (above) divided by 1,000 equals:	10	
5	From Table 1, enter the monthly premium rate (regardless of the payment arrangement you are selecting) that corresponds with your age and tobacco user status.	$0.1330	
6	From Table 1, enter the monthly premium rate that corresponds with your spouse's age and tobacco user status.	$0.1130	
7	Multiply #5 by #2. This is the monthly premium payable for you:	$2.66	
8	Multiply #6 by #4. This is the monthly premium payable for your spouse:	$1.13	
9	Enter the amount of accidental death coverage for yourself divided by 1,000	20	
10	Enter the amount of accidental death coverage for your spouse divided by 1,000	10	
11	Multiply amount in #9 by $0.04	$0.80	
12	Multiply amount in #10 by $0.04	$0.40	
13	Add #7, #8, #11 and #12	$4.99	
14	Annual rate: Multiply the amount in #13 by 12 or by the number of remaining months in year for the current amount due. See example below. ***Annual rates are billed every January.**		
	Semiannual rate: Multiply the amount in #13 by 6 or by the number of remaining months in billing period for the amount due. See example below. ****Semiannual rates are billed every January and July.**		
	Quarterly rate: Multiply the amount in #13 by 3 or by the number of remaining months in the billing period for the amount due. See example below. *****Quarterly rates are billed every January, April, July and October.**		
15	Enter the $2.00 direct billing fee.	$2.00	
16	Add #14 and #15. This amount equals the total premium for you and your spouse's coverage for the frequency selected.		

Note: If you are requesting more than the Guaranteed Standard Issue amount, you will be billed separately for that amount if evidence of good health is approved by Aetna in writing. Do not send premium for that amount with your first payment.

Example 1 Annual rate – Enrollment effective date of 4/1, your first premium will be for 9 months (4/1 – 12/31) for annual billing period.
Example 2 Semiannual rate – Enrollment effective date of 4/1, your first premium will be for 3 months (4/1 – 6/30) for semiannual billing period.
Example 3 Quarterly rate - Enrollment effective date of 4/1, your first premium will be for 3 months (4/1 – 6/30) for quarterly billing period.

Life insurance policies are underwritten by Aetna Life Insurance Company and its affiliates (Aetna). For more information about Aetna plans, refer to www.aetna.com.