

## APPLICATION

### Portability Continuation of Group Term Life Insurance

**Part A: TO BE COMPLETED BY THE APPLICANT – Submit your first premium with this application to Symetra Life Insurance Company at the above mailing address.**

**IMPORTANT INFORMATION - The enrollment period ends 31 days from the date the Group coverage ends. The application, enrollment form(s), and premium sent to Symetra must be postmarked within this 30 day period.**

1. Applicant's Name \_\_\_\_\_

2. Address \_\_\_\_\_

Telephone No. Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

Premium billing address for Life Insurance, if different than above:

Address: \_\_\_\_\_

3. Birth Date \_\_\_\_\_ Sex:  Male  Female  
mo-day-year

4. Policyholder Name \_\_\_\_\_ Group Policy No. \_\_\_\_\_

5. Amount of Portability Continuation Basic Life Insurance \$ \_\_\_\_\_  
Amount of Portability Continuation Supplemental Life Insurance \$ \_\_\_\_\_

**Important: The minimum and maximum amounts of insurance for which You are eligible are shown in your Group Insurance Certificate. Refer to the “Benefits” section, “Limitations” provision, for specific information.**

Yes, I would like to continue my Spouse Life Insurance amount of \$ \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mo-day-year

Spouse Name \_\_\_\_\_

Yes, I would like to continue my Child Life Insurance amount of \$ \_\_\_\_\_

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mo-day-year

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
mo-day-year

6. Premium Mode:

Quarterly of \$ \_\_\_\_\_  Semi-Annual of \$ \_\_\_\_\_  Annual of \$ \_\_\_\_\_

In order to be eligible for Portability Continuation Insurance, you must submit your first premium with this application. Please make your check payable to Symetra Life Insurance Company.

7. Last day of active work with the employer providing the Group Policy \_\_\_\_\_  
mo-day-year

8. Are you disabled?  No  Yes If yes, date of disability: from \_\_\_\_\_ to \_\_\_\_\_  
mo-day-year mo-day-year

If yes, have you applied for Waiver of Premium?  No  Yes

*Please note: If you have applied for waiver of premium, you may not be eligible for Portability.*

Diagnosis \_\_\_\_\_

I certify, under penalty of perjury, that the above information is correct to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_  
mo-day-year

**Please have your employer complete the reverse side of this application**



Primary Insured \_\_\_\_\_

Effective Date \_\_\_\_\_

Symetra Life Insurance Company and the Insured agree as follows:

Symetra Life Insurance Company will make payment to the most recently named beneficiary as shown below.

**Beneficiary Information** (Print each name in full)

**Primary**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Insured \_\_\_\_\_ Percentage( % ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Insured \_\_\_\_\_ Percentage( % ) \_\_\_\_\_

**Contingent**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Insured \_\_\_\_\_ Percentage( % ) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Relationship to Insured \_\_\_\_\_ Percentage( % ) \_\_\_\_\_

Primary Insured's signature \_\_\_\_\_ Date \_\_\_\_\_

## CLAIM FORM FRAUD WARNINGS

**Please read the following notice that we are required by law to give to you.**

For all states not named: Any person who, with intent to defraud or knowing he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

AL: 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.

AR, LA, RI, WV: 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.

AZ: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

CA: For your protection California law requires the following to appear hereon: 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.

CO: 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.

DE: Any person who knowingly, and with intent to injure, defraud or deceive an insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FL: 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.

ME: 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 a denial of insurance benefits.

MD: 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.

NH: Any person who, with a purpose to injure, defraud, or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NJ: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NM: 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 civil fines and criminal penalties.

NY: The following applies to health insurance only: 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 also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

OK: 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.

PA: 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.

TN, VA, WA: 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.

TX: 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.