



Send this form to: National Conversion Department, P.O. Box 677458, Dallas TX 75267-7458
Fax number: 920-749-6219
Secure E-mail: national_conversions@glic.com

Planholder Name (Company Name)		Group Plan No.	
Employee's Name (Last, First, MI)	Soc. Sec. No.	Birth Date	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Employee's Home Address (Street, City, State, Zip)			
Home Telephone Number	Work Telephone Number	Date Employment Terminated	
Reason Employment Terminated			

Please complete the following information for all dependents to be covered:

Name (Last, First, MI)	Social Security Number	Sex	Birth Date	F/T Student
Spouse		<input type="checkbox"/> M <input type="checkbox"/> F		
Child(ren)		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/> Yes <input type="checkbox"/> No

Hospital Indemnity Insurance may be ported for the following individuals: the employee; the employee and his/her spouse; the employee and his/her children; or the employee and all eligible dependents. Also, in the event of the employee's death, a surviving spouse, age 69 or under may port the coverage for him/herself and all eligible dependent children.

Ported coverage is being elected for:

- | | |
|--|--|
| <input type="checkbox"/> Employee Only | <input type="checkbox"/> Surviving Spouse |
| <input type="checkbox"/> Employee and Spouse | <input type="checkbox"/> Surviving Spouse and Child(ren) |
| <input type="checkbox"/> Employee and Child(ren) | |
| <input type="checkbox"/> Employee and All Dependents | |

Ported Hospital Indemnity amounts will be reduced by any benefits previously paid under the Group Plan.

The enclosed Premium Notice outlines the monthly premium rates for this coverage and the modes of payment. Monthly premium rates will be equal to monthly premium rates under your group plan, including any amount paid by your employer.

Within 31 days of the date your coverage under the Group Plan ends due to your termination of employment, or the date your dependent's coverage ends as a result of your death, you or your surviving spouse must submit: (a) this completed form and (b) the premium payment. For ported insurance to remain in force, all subsequent premium payments must be received within 31 days of the applicable premium due date. If premium payments are not received in a timely fashion, coverage will automatically terminate at the end of the 31 day period and all unpaid premiums will remain due from you or your surviving dependents for the period this coverage was in force.

I understand and acknowledge the following statements:

- This is a supplemental hospital indemnity policy;
- This policy does not provide coverage for, and is not intended to replace, comprehensive hospital, surgical and medical insurance.

Signature: _____ Date: _____