



**Application for Portability of Insurance for Former Dependent Child**

**Underwritten by Life Insurance Company of North America**  
(Herein called the Insurance Company)

A Former Dependent Child is a Dependent Child who was covered under a term life program but is no longer eligible due to no longer meeting the eligibility requirements as stated in the certificate of insurance.

**EMPLOYER USE SECTION: TO BE COMPLETED BY THE EMPLOYER/ADMINISTRATOR**

Please print (preferably in black ink).

Employer/Policyholder Name: Pennsylvania State System of Higher Education Group Policy Number: FLX-980054 Class: \_\_\_\_\_

Name of Employee: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Reason for Loss of Dependent Child's Coverage:**

Age  No longer Full-Time Student  No longer Financially Dependent  Marriage  Other: \_\_\_\_\_

N/A (Example: Age 19, see Eligibility section of General Information)

Dependent Child Group Coverage Effective Date: \_\_\_\_\_ Dependent Child Group Coverage End Date: \_\_\_\_\_  
(Month/Day/Year) (Month/Day/Year)

Have premiums been paid for the child through the Coverage End Date?  Yes  No

**Verification provided by:**

\_\_\_\_\_  
Employer/Policyholder/Administrator's Signature Title Date of Notice: (Month/Day/Year)

Telephone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Note to Employer/Policyholder: Be sure to check the group policy for portability limitations.**

Please print (preferably in black ink).

**TO BE COMPLETED BY THE FORMER DEPENDENT CHILD**

Name (First): \_\_\_\_\_ (Last): \_\_\_\_\_ (MI): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
(Month/Day/Year)

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

In order to continue your Life Insurance coverage, you must elect one of the two amounts presented below:

\$25,000 The insurance company will issue \$25,000 of coverage as guaranteed issue, which means you do not need to provide us with evidence of good health to be approved for this amount.

\$50,000 The insurance company will issue \$25,000 of coverage as guaranteed issue. In order to receive \$50,000 in coverage, you will need to provide evidence of good health. If you select this amount, the insurance company will send you a medical questionnaire to complete.