



Transamerica Life Insurance Company ("insurer")
 Home Office: Cedar Rapids, IA
 Administrative Office: P.O. Box 8063
 Little Rock, AR 72203-8063

Continuation of
 Group Term Life
 Insurance Application

Application is hereby made for continuation of my Group Term Life Insurance through the Insurer.

Certificate Holder's Name (Last, First, M.I.)	Social Security No.	Date of birth	Home phone
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Name of Employer/Organization	Group Master Policy No.
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My coverage amount is: Basic Life \$ _____ Voluntary/Optional Life \$ _____

Please continue my insurance coverage. My Certificate number is _____

Reason for request

	Month	Day	Year
<input type="checkbox"/> Employer Approved Leave of Absence as of	_____ /	_____ /	_____
<input type="checkbox"/> Termination of Employment/Membership as of	_____ /	_____ /	_____
<input type="checkbox"/> Other _____	_____ /	_____ /	_____

Premium mode elected

Annual (current monthly premium x 12 + \$5.00 administrative fee per billing)

Semi-Annual (current monthly premium x 6 + \$5.00 administrative fee per billing)

Quarterly – This option is available only to those employees on an employer approved leave of absence (current monthly premium x 3 + \$5.00 administrative fee)

Send all notices to

Name	Street Address		
City	State	Zip	

APPLICANT'S STATEMENTS AND AGREEMENTS:

I hereby request Continuation of Coverage under the above mentioned Group Master Policy. (If employment is terminated due to total disability, the Certificate Holder is not eligible to apply for Continuation of Coverage.)

I understand that this application and the first premium payment must be received within 31 days from the date the insurance under the Group Master Policy terminates in order to continue the existing coverage.

I further understand that the coverage will continue as long as premiums are paid up to date and the Group Master Policy remains in effect, but not to exceed the time limit specified in my Certificate.

Signed in (City/State) _____ This _____ Day of (Month/Year) _____ .

Certificate Holder's Signature _____