

AXIS Insurance Company
1 University Square Suite 200,
Princeton NJ 08540

Portability Application

Instructions: 1. Complete section A in its entirety; 2. Make your coverage selections in accordance with attached package and indicate on this sheet; 3. Sign and date section A; 4. Have Employer Complete Section B including certifications; 5. Attach check to application. All completed documents must be received within 31 days of last day worked.

Mail application to: AXIS Insurance Company
 Attention Accident & Health Operation1 University Square Drive, Suite 200
 Princeton, NJ 08540

Please print or type all information requested. Please complete the application in its entirety to avoid delays in processing.

Section A – Prior Employee

Employee Information	First Name:
	Middle Name:
	Last Name:
	Date of Birth:
	Prior Employer Group Name:
	Prior Employer Group Policy Number:
	Prior Employee Number:
	Prior Employer AD&D Limit:
	Prior Employer Coverage Type: (check one) () Employee only () Employee & Family
	Last Day worked:
	Are you currently disabled (check one) () Yes () NO
	If yes, date disability started mm/dd/yyyy (/ /)
	Home Address:
	Street
	City
State	
Zip	
Phone	
Email	
Election of coverage	Coverage Type **: () Employee only () Employee & Family
	AD&D Limit * requesting:
	() \$ 50,000 () \$ 75,000 () \$ 100,000
	() \$ 125,000 () \$ 150,000 () \$ 200,000 () \$ 250,000
Annual Rate (from attached package)	
\$.00 Annually	

“*” Requested limit may not exceed prior AD&D limit under the prior Group Policy

“**” Coverage Type must match prior Employer Selection

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.

Date

Signature

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Section B – Prior Employer

The following section is to be completed by the Prior Employer:

Prior Employer Certification	Employee First Name
	Employee Last Name
	Proposed Insured AD&D Limit on last day worked: \$.00
	Coverage Type on last day worked: () Employee only () Employee & Family
	Date of last employment: mm/dd/yyyy (/ /)
	Date last paid for coverage under group plan: mm/dd/yyyy (/ /)
	AXIS Policy number where coverage was held prior:
	Was the proposed insured on disability when they left your employment: () Yes () NO

Prior Employer Certification:

I certify that all information contained above and is true to the best of my knowledge.

Print Name	
Title	
Signature	
Email	
Phone	
Date	

Section C – AXIS Use Only

AXIS Use Only	Reviewer Name
	Qualification Met () Yes () No
	Check Attached () Yes () No Check Number ()
	Policy Number issued:
	Certificate Mailed mm/dd/yyyy (/ /)



**2013 ANNUAL RATES FOR PORTABILITY POLICY
(UNDER AGE 70)**

ANNUAL RATES FOR PORTABILITY POLICY		
PRINCIPAL SUM	PRIMARY INSURED ONLY	PRIMARY INSURED and FAMILY
\$50,000	\$62.50	\$90.00
\$75,000	\$93.75	\$135.00
\$100,000	\$125.00	\$180.00
\$125,000	\$156.25	\$225.00
\$150,000	\$187.50	\$270.00
\$200,000	\$250.00	\$360.00
\$250,000	\$312.50	\$450.00