



Just because you're leaving the organization, doesn't mean you have to leave your life insurance protection.

For the same affordable cost, you can take your Sensible Benefits life insurance policy with you wherever you go next.

Getting a different policy later could mean a higher cost as you age – and the additional hassle of going through the application process again, which often means medical exams and lab tests.

Consider all that life insurance could do for those you care about...

- **Buys time** – Loved ones can focus on their grief instead of worrying about how to pay for the funeral and other final expenses.
- **Provides a fresh start** – By helping to pay off credit card bills, outstanding loans and even the mortgage, life insurance starts your family members off with a clean slate.
- **Generates income** – Surviving family members can continue to pay for life's necessities for years to come.
- **Offers flexibility** – Family members may take time off from work or transition to a more adaptable work schedule.
- **Creates opportunities** – Funds may be used to start a business or pay for schooling to train for a new career.
- **Funds the future** – Longer-range goals, college education for the children or a comfortable retirement for a surviving spouse may be obtained with insurance proceeds.
- **Helps leave a legacy** – Parents have the chance to leave future generations a legacy of long-term financial security.

Simply fill out a new payment form to switch the billing to you. It's that simple.

Life insurance can be life-changing. Don't leave your loved ones unprotected.

Questions? Contact your Grange Life agent.

Life policies are issued by Grange Life Insurance Company, Columbus, OH, and are subject to underwriting approval at time of issue. Not available in all states.



Grange Life Insurance Company
671 South High Street, PO Box 1218
Columbus, OH 43216-1218
800-399-3797



Sensible Benefits Employee Exit Form Continuation/Cancellation

Employer:	Decatur County Board of Education
Group Number:	G 3101
Employee:	
Policy Number:	
Employment Termination Date:	/ /
Employee Mailing Address:	
Employee City, State and Zip:	

Option 1: Continue Coverage

By completing this section I am indicating that I wish to maintain my current policy. I understand that I must pay the required premiums directly, either by a monthly bank account deduction or by a quarterly, semi-annual or annual bill.

Choose one of the payment methods below:

☒ **Monthly Easy Pay**

Please complete the Sensible Benefits Electronic Funds Authorization form L-22-43 (07-2016) to provide the bank account information required to process a monthly withdrawal from your designated account.

Or

- ☐ Quarterly
☐ Semi-Annually
☐ Annually

_____/_____/_____
Date Signed Employee Signature

Option 2: Cancel Coverage

Cancellation of coverage means that in the event of the death of the insured, no benefit will be paid to the beneficiaries.

To cancel your policy, please complete the Life Policy Surrender Request form (L-22-36).



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Sensible Benefits Electronic Funds Authorization

(Initial Premium Payment and Monthly Easy Pay Authorization)

Fax Number 888-637-2861

This form authorizes Grange Life Insurance Company to charge the account you specify below to pay the initial policy premium and all subsequent premiums, assessed on a monthly basis. Please complete all fields below, sign/date the form and submit it to Grange Life Insurance Company.

Accountholder Information

Policy Number:	
Group Number:	
Insured Name (First and Last):	
Policy Owner Name (First and Last):	

Accountholder Information

Bank Name:	
Account Number:	
Routing Number (9 digits):	
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

Note: The charge will occur from your designated account on the 1st of each month.

Disclosures and Authorization

Grange Life Insurance Company (the Company) is authorized to withdraw funds from my checking or savings account noted above. This authorization will remain in effect until grange has received a written request to terminate this agreement.
Note: The initial premium will automatically be charged upon underwriting approval/acceptance from the account above based on the information provided – **There is no advance notification.** Please maintain a sufficient balance to cover the quoted premium. All subsequent monthly payments will be withdrawn from the account you specify above.

The final amount charged may vary from the amount quoted based on underwriting results or coverage changes you elect; an additional charge or credit may occur at issue.

Grange Life Insurance Company shall incur no liability unless:

1. This form and application, including a valid group number, are fully completed, dated and signed.
2. The first premium due is paid in full or this Sensible Benefits Electronic Funds Authorization is completed while each proposed insured is alive.
3. The insurability of each proposed insured remains as described in the application and any supplements to the application.
4. A policy is formally approved by us and issued on this application and delivered to and accepted by the Owner.

Grange may remove policies from this payment service if any request for payment is not honored upon the second draft attempt initiated by your financial institution. As part of the Company's Anti Money laundering program, a Bank Account Owner must have a specific relationship to the insured/policy owner such as parent, grandparent, guardian, child or employer. If this relationship does not exist, Grange may refuse to establish the Bank Draft or may terminate the payment of funds to this policy.

Signature of Bank Accountholder

Date