



INSURANCE BENEFITS PROVIDED BY RESERVE

NATIONAL INSURANCE COMPANY

A Kemper Life & Health Company

Kemper Service Center

Attention: Enrollment

P.O. Box 9988

Austin, TX 78766-9988

Toll Free (844)613-6245 / Fax (844)473-8084

port@kemperbenefits.com

PORTABILITY ENROLLMENT FORM	
Group Policyholder Name (Employer/Association/Union)	
Group Policy Number	
Certificate ID Number	
Insured's Name	
Insured's Address	
Insured's Phone	
Insured's Email	

Portability is available if the insured is no longer eligible under the group policy.

*If coverage under the group policy is terminated due to non-payment of the required premium, or due to cancellation or termination of the group policy by Reserve National Insurance Company, portability coverage is not available

PRODUCT COVERAGE LEVEL				
<input type="checkbox"/> Accident Expense	<input type="checkbox"/> Accident Indemnity	<input type="checkbox"/> Cancer	<input type="checkbox"/> Critical Illness	<input type="checkbox"/> Whole Life

LIST ELIGIBLE PERSONS TO BE COVERED (persons previously covered ONLY) and product requesting to port.				
Last	First	Middle	Relationship to Insured	Product Requested
				<input type="checkbox"/> AE <input type="checkbox"/> AI <input type="checkbox"/> CI <input type="checkbox"/> WL
				<input type="checkbox"/> AE <input type="checkbox"/> AI <input type="checkbox"/> CI <input type="checkbox"/> WL
				<input type="checkbox"/> AE <input type="checkbox"/> AI <input type="checkbox"/> CI <input type="checkbox"/> WL
				<input type="checkbox"/> AE <input type="checkbox"/> AI <input type="checkbox"/> CI <input type="checkbox"/> WL
				<input type="checkbox"/> AE <input type="checkbox"/> AI <input type="checkbox"/> CI <input type="checkbox"/> WL

I UNDERSTAND THAT PORTED COVERAGE WILL TERMINATE AS OUTLINED IN THE CERTIFICATE, INCLUDING BUT NOT LIMITED TO IF PREMIUMS ARE NOT PAID BY THE DUE DATE (15th of each month).

For Accident and Critical Illness Coverage:

THE COVERAGE IS NOT MAJOR MEDICAL INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL INSURANCE. IT DOES NOT QUALIFY AS MINIMUM ESSENTIAL HEALTH COVERAGE UNDER THE FEDERAL AFFORDABLE CARE ACT. IF AN EMPLOYEE OR MEMBER PURCHASES THIS COVERAGE ONLY, IT WILL NOT SATISFY THE FEDERAL REQUIREMENT TO HAVE HEALTH INSURANCE.

_____ Signature of Insured	_____ Date
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NOTE: In order to be enrolled under the portability provision this enrollment form and premium must be received within the time frame outlined within your certificate.