



# Life Insurance Conversion Notification of Conversion Privilege

Unum Life Insurance Company of America

## Employer completes this section

Company Name		Group Policy and Division Numbers	
Employee's Name (Last, First, MI)		Social Security Number	Date of Birth __/__/____
Dependent Name (if converting dependent coverage)		Dependent Social Security Number	Dependent Date of Birth __/__/____
Group life insurance benefits were: <input type="checkbox"/> Terminated <input type="checkbox"/> Reduced	Reason for Termination:	Date of termination or reduction __/__/____	Amount of coverage lost \$
Was the employee disabled on date of termination or reduction? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date of Disability (Date last worked) __/__/____
If yes, see (waiver of premium) Extension of Employee Life Insurance provision of the group contract, if available under the group plan.			
Has Employee submitted a claim for extension of group benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the group life coverage previously assigned? (collateral/absolute) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Signature: \_\_\_\_\_

Date \_\_/\_\_/\_\_\_\_

## Employee Information

**1. Conversion rights** - When your group life insurance terminates or the amount of coverage you have is reduced, you can convert your coverage to an individual whole life policy or you may purchase one year term insurance. If you purchase the term insurance, your policy will automatically be renewed at your attained age as a whole life policy at the end of the year, provided the premium is paid on the anniversary.

You may purchase either of the above options without having to provide evidence of insurability.

**2. Start conversion within 31 days** - Your life insurance coverage under your employer's group policy remains in effect for 31 days after the date of termination or reduction of coverage. You may apply for conversion any time within that period.

**If you do not apply within 31 days, the option to convert may no longer be available to you.**

### How to apply for conversion.

If you wish to convert your group life insurance coverage to an individual policy, complete the attached application and send it with this form and your first premium payment (made payable to Unum) to:

Unum  
Conversion Unit  
2211 Congress Street  
Portland, Maine 04122-1350

**3. Amount of coverage you can buy** - When your group coverage terminates or reduces, you can apply for any amount of life insurance up to, but not exceeding the amount you had under your group plan. See above "Amount of coverage lost" for reference.

EXAMPLE: You had \$50,000 of life insurance, but when you reached a certain age, your coverage was reduced to \$30,000. You want to convert to an individual policy. You still have \$30,000 of coverage under your group policy, so you can buy up to \$20,000 of individual coverage.

**4. Cost of an individual policy** - The rate table on the back of this form shows the cost of an individual policy. If your rate is not listed, please call Unum at the number shown in the Additional Information section. Rates are not guaranteed and are subject to change.

Additional Information - If you have any questions, please call a Unum representative at 1-800-343-5406.

## SPECIAL INSTRUCTIONS FOR COMPLETING THE APPLICATION

- Please read instructions on the reverse side of the application in full.
- If Applicant is other than the Insured, please provide Applicant's address and Social Security Number in question 1 b.
- Be sure to provide us with the Group Policy Number and Employer Name in question No. 2.
- Any changes made to your answers must be initialed and dated.
- Someone other than the Insured or Applicant must sign as witness.
- (Question 10) Please provide Name(s), relationship(s) and **ADDRESS(ES)** of beneficiary(ies).

I have been notified of my right to convert. I understand that I must exercise my right to convert **within 31 days** of the date my group insurance terminates.

Employee Signature: \_\_\_\_\_

Date \_\_/\_\_/\_\_\_\_

# Conversion Premium Rates

All rates are for each \$1,000 of coverage

Age	Annual Rate 1-Year Term Rider	Rate for Individual Whole Life			Age	Annual Rate 1-Year Term Rider	Rate for Individual Whole Life		
		Annual	Semiannual	Quarterly			Annual	Semiannual	Quarterly
20	5.27	8.38	4.27	2.18	55	18.08	37.73	19.24	9.81
21	5.30	8.59	4.38	2.23	56	19.46	39.87	20.33	10.37
22	5.34	8.82	4.50	2.29	57	20.98	42.16	21.50	10.96
23	5.37	9.05	4.62	2.35	58	22.63	44.61	22.75	11.60
24	5.39	9.29	4.74	2.42	59	24.44	47.25	24.10	12.29
25	5.41	9.55	4.87	2.48	60	26.42	50.09	25.55	13.02
26	5.45	9.82	5.01	2.55	61	28.58	53.04	27.05	13.79
27	5.49	10.10	5.15	2.63	62	30.92	55.67	28.39	14.47
28	5.53	10.40	5.30	2.70	63	33.50	58.47	29.82	15.20
29	5.59	10.70	5.46	2.78	64	36.30	61.43	31.33	15.97
30	5.64	11.02	5.62	2.87	65	39.40	64.57	32.93	16.79
31	5.71	11.53	5.88	3.00	66	42.81	67.92	34.64	17.66
32	5.79	12.03	6.14	3.13	67	46.57	71.50	36.47	18.59
33	5.86	12.55	6.40	3.26	68	50.68	75.35	38.43	19.59
34	5.96	13.11	6.69	3.41	69	55.08	79.51	40.55	20.67
35	6.09	13.69	6.98	3.56	70	59.71	83.98	42.83	21.83
36	6.26	14.31	7.30	3.72	71	64.52	89.92	45.86	23.38
37	6.46	14.95	7.62	3.89	72	69.45	94.32	48.10	24.52
38	6.70	15.63	7.97	4.06	73	74.59	100.26	51.13	26.07
39	6.99	16.34	8.33	4.25	74	80.07	106.02	54.07	27.57
40	7.30	17.08	8.71	4.44	75	86.05	112.11	57.18	29.15
41	7.66	17.92	9.14	4.66	76	92.73	118.85	60.61	30.90
42	8.03	18.87	9.62	4.91	77	100.23	125.51	64.01	32.63
43	8.44	19.88	10.14	5.17	78	108.61	132.96	67.81	34.57
44	8.88	20.94	10.68	5.44	79	117.77	141.02	71.92	36.67
45	9.37	22.07	11.26	5.74	80	127.59	150.14	76.57	39.04
46	9.92	23.27	11.87	6.05	81	137.97	159.52	81.36	41.48
47	10.53	24.55	12.52	6.38	82	148.81	169.82	86.61	44.15
48	11.20	25.90	13.21	6.73	83	160.08	180.82	92.22	47.01
49	11.95	27.34	13.94	7.11	84	171.84	192.63	98.24	50.08
50	12.77	29.07	14.83	7.56	85	184.17	205.40	104.75	53.40
51	13.66	30.56	15.59	7.95					
52	14.63	32.06	16.35	8.34					
53	15.68	33.84	17.26	8.80					
54	16.82	35.72	18.22	9.29					

## How to Calculate your Premium

- Decide whether you want whole life or one-year term coverage.  
The one-year term will be renewed next year at your attained age to whole life coverage assuming premiums are paid in full. If you elect the one-year term, you must submit an annual premium payment.
- If you have selected whole life, determine whether you want to pay your whole life premiums annually, semiannually, or quarterly.
- Find your rate on the chart above. The rate is based on the type of coverage you want and your age at the time your conversion coverage begins, which is 31 days from the time your group coverage terminates or is reduced.
- Determine the amount of insurance you want. You may have any amount up to and including the amount you had under the group plan.
- Calculate your premiums:
  - Rate per thousand dollars of coverage: \_\_\_\_\_
  - The number of thousands of coverage you want: X \_\_\_\_\_
  - Multiply a times b: = \_\_\_\_\_
  - If you selected whole life, add policy fee: + \_\_\_\_\_

(No policy fee for one-year term)  
\$15.00/year    \$7.65/half year    \$3.90/quarter

  - TOTAL c and d. **This is your premium.** = \_\_\_\_\_

Make check payable to Unum.

## Example

- A 60-year-old person decides to convert to a whole life policy.
- The person wants the amount he had under his group plan: \$50,000.
- The person wants to pay premiums annually.
- The annual rate for a 60 year old is \$50.09 for each \$1,000 of insurance.
- Calculate premiums:
  - 50.09      (Annual rate)
  - 50          (\$50,000 of coverage)
  - 2504.50    (50.09 x 50)
  - 15.00      (Annual policy fee)
  - 2519.50    (Total annual premium)



**APPLICATION FOR CONVERSION OF GROUP LIFE INSURANCE TO AN INDIVIDUAL LIFE INSURANCE POLICY**  
**Unum Life Insurance Company of America**  
**Home Office: Portland, Maine**

<b>1.</b>	a. Print Insured's Name (Last, First, Mid. Init.) _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth __/__/____	Social Security No. _____
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b. Applicant's Name (if other than insured) Enter the name of the person applying for the insurance if it is other than the insured person. \_\_\_\_\_

c. Insured's Address (No. & Street, City, State, Zip Code) \_\_\_\_\_

**2.** Application is being made in accordance with the conversion privilege contained in:  
 Group Policy Number and Division \_\_\_\_\_

Group Policyholder's Name: \_\_\_\_\_

<b>3.</b> Was your life insurance benefit under the group policy: <input type="checkbox"/> Reduced or <input type="checkbox"/> Terminated	<b>4.</b> What is the reduction amount of your life insurance or the amount of life insurance terminated? \$ _____	<b>5.</b> What was the date of reduction or termination? __/__/____
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<b>6.</b> Plan of life insurance: <b>WHOLE LIFE</b>	Do you wish to elect one year of Non-renewable term insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Note:** The individual policy that you convert to will not contain waiver of premium or accidental death benefits.

**7.** What is the amount of insurance you wish to convert? \$ \_\_\_\_\_ **Note:** The amount may not exceed the amount in item 4.

<b>8.</b> Check premium payment mode: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly	<b>9.</b> Do you wish to elect automatic premium loan? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**10.** Whom do you wish as beneficiary(ies) of proceeds under the individual policy? (Give name(s) and relationship(s))  
 Primary: \_\_\_\_\_  
 If beneficiary(ies) named above not living, then pay: \_\_\_\_\_  
 Contingent: \_\_\_\_\_

<b>11.</b> Have you:	<b>Yes</b>	<b>No</b>
a. Flown within the past 5 years as a passenger on other than regularly scheduled passenger transport flights, or do you plan to do so in the future? (if yes, complete aviation questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>
b. Flown as a pilot, student pilot, or crew member in any type of aircraft, or do you plan to do so in the future? (if yes, complete aviation questionnaire)	<input type="checkbox"/>	<input type="checkbox"/>
c. Any intention of traveling or residing outside the U.S.A. and Canada in the next two years?	<input type="checkbox"/>	<input type="checkbox"/>

**12.** Special Requests: \_\_\_\_\_

I UNDERSTAND AND AGREE THAT: (1) The statements and answers in the above application are true, complete and correctly recorded to the best of my knowledge and belief. (2) Any policy issued on this application will be issued in accordance with the conversion privilege contained in the Group Policy. (3) The policy will become effective on the day following the last day of the conversion period prescribed under the Group Policy. (4) The beneficiary designation above has no effect on the beneficiary designation for any death benefits payable under the Group Policy. (5) If any death benefit paid under the Group Policy includes an amount representing the coverage shown in item 7 above, the individual policy will be void from the beginning. In this case, we, Unum Life Insurance Company of America, will refund to the beneficiary any premium paid.

<b>13.</b> Insured's Signature: _____	Applicant's Signature: _____	Witness Signature: _____
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Signed by the insured and dated at \_\_\_\_\_, \_\_\_\_\_ State Date \_\_/\_\_/\_\_\_\_

## INSTRUCTIONS

\*Note: IF THE INSURED HAS ASSIGNED HIS OR HER RIGHTS UNDER THE GROUP POLICY, THE ASSIGNEE MUST COMPLETE A SEPARATE APPLICATION.

1. **a. Print Insured's Name** - Enter full name, check male or female. Enter date of birth and social security number.  
**b. Applicant's Name (if other than insured)** - Enter the name of the person applying for insurance if it is other than the insured person.  
**c. Insured's Address** - Enter full mailing address of residence.
2. **Application is being made in accordance with the conversion privilege contained in** - Enter the policyholder's group policy number and division. Enter the legal name of the policyholder.
3. **Was your life insurance benefit under the group policy reduced or terminated** - Check the appropriate box.
4. **What is the amount of your life insurance that was reduced or terminated** - Enter the amount of group coverage that was terminated, or if reduced, the amount by which it was reduced.
5. **What was the date of reduction or termination** - Enter the month, day, and year that your group coverage was reduced or terminated.
6. **Do you wish one year of non-renewable term insurance** - One Year Term Insurance is death protection for a "term" of one year and is in effect for one year prior to the effective date of your whole life policy. It cannot be renewed year to year. Check either yes or no.
7. **What is the amount of insurance you wish to convert** - Enter the exact amount of life insurance you wish to convert to an individual policy. Please note that you may not convert an amount in excess of the amount of insurance that was held for you under the group policy.
8. **Check premium payment mode** - Check the box next to the mode of payment that you elect to pay your premiums.
9. **Do you wish to elect Automatic Premium Loan** - You are entitled to have any loan value on the policy automatically used to pay any premium which is unpaid on expiration of the 31-day grace period. Check yes or no. (Note: The preliminary One Year Term coverage does not contain a 31-day grace period.)
10. **Whom do you wish as beneficiary(ies) under the Individual Policy** -  
**Primary** - Enter the full name and relationship of your primary beneficiary.  
**Contingent** - Enter the full name and relationship of your contingent beneficiary who would receive the death benefit if your primary beneficiary should pre-decease you.
11. **Have you** - Read each question and check yes or no accordingly. If an aviation questionnaire is needed, it will be sent to you upon review of your application.
12. **Special Requests** -
13. **Signatures** -  
**Insured's Signature** - The person whose life is being covered for insurance must sign the application unless he or she is under 18 years of age.  
**Witness Signature** - Any person other than the insured must sign as a witness to the application.  
**Applicant's Signature** - If the insured is under 18 years of age, the parent or guardian who will be paying the insurance premiums must sign here.