

Request for Conversion of Group Life Insurance



ASSURANT Employee Benefits

In accordance with the provisions governing the conversion of group insurance to individual insurance contained in:

Group Policy no. _____ issued to _____ Certificate no. _____

Original effective date ____ / ____ / ____ POLICYHOLDER

I hereby request the UNION SECURITY INSURANCE COMPANY to convert the insurance on the life of the Insured Person or Dependent under said Group Policy to insurance under the form of policy specified below in accordance with the information provided below.

(Please read the instructions on the reverse side.) MAKE SURE ALL SECTIONS ARE COMPLETED IN FULL.

1. Conversion of group insurance on the life of (<i>Check one.</i>): <input type="checkbox"/> Insured person <input type="checkbox"/> Dependent spouse <input type="checkbox"/> Dependent child			13. Send premium notices and communications to: Proposed insured's: <input type="checkbox"/> Residence <input type="checkbox"/> Business, or <input type="checkbox"/> Person exercising conversion privilege Otherwise: _____		
2. Name of proposed insured LAST _____ FIRST _____ MIDDLE INITIAL _____			14. Insurance to be converted to whole life coverage: a. Death benefit amount \$ _____ b. Automatic premium loan provision is _____ to be operative. (<i>Insert "not" if not desired.</i>)		
3. Birthdate _____ MO. _____ DAY _____ YEAR	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Social Security number _____	15. Is this coverage being converted from: Disability waiver <input type="checkbox"/> Yes <input type="checkbox"/> No Portability <input type="checkbox"/> Yes <input type="checkbox"/> No Minnesota Life Continuance <input type="checkbox"/> Yes <input type="checkbox"/> No		
6. Residence address STREET _____ CITY, STATE, ZIP CODE _____			16. Date of termination of present coverage (<i>month, day, year</i>) _____		
7. Residence phone number (<i>Include area code.</i>) _____			17. Mode of payment: <input type="checkbox"/> Annual Premium amount: <input type="checkbox"/> Semi-annual \$ _____ <input type="checkbox"/> Quarterly		
8. Present employer (<i>name and address</i>) NAME _____ STREET _____ CITY, STATE, ZIP CODE _____			18. Amount paid with this conversion request must equal the first premium due \$ _____		
9. Occupation of proposed insured _____			19. Beneficiary (<i>Print full name and relationship to proposed insured.</i>) Primary* Relationship _____ Otherwise, Secondary* Relationship _____		
Complete item 10 below only if the proposed insured does not have the right to exercise the Conversion Privilege. (<i>See instruction no. 3 on reverse side.</i>)			*If living at midnight on the 15th day following the insured's death, or at the time claim is made, if earlier. (If not otherwise specified, beneficiaries named together shall be of the same class, and any proceeds payable to such beneficiaries shall be divided equally among those who survive the insured.)		
10. a. Name of person exercising conversion privilege LAST _____ FIRST _____ MIDDLE INITIAL _____			20. Corrections and Amendments (<i>for Home Office use only</i>) _____		
b. Address STREET _____ CITY, STATE, ZIP CODE _____			11. Social Security number for 10.a. 12. Social Security number for 10.c.		
c. Contingent Owner—Who shall own the policy upon the death of the person exercising the conversion privilege? _____			_____		

In consideration of the conversion of the term insurance provided under the Group Policy by the issuance of an individual policy, I hereby relinquish all rights, privileges and benefits under said Group Policy. My acceptance of any policy issued hereon shall constitute a ratification of any change or addition to this request for conversion indicated by the Company in the space above entitled "Corrections and Amendments." I represent that, with respect to the Certificate specified above, I am the sole owner of the right to exercise the Conversion Privilege of the Group Policy.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Signed at _____ State of _____ on _____ MONTH DAY YEAR

WITNESS

SIGNATURE IN FULL OF THE PERSON REQUESTING CONVERSION

THE GROUP INSURANCE CERTIFICATE MUST ACCOMPANY THIS CONVERSION REQUEST.
 PAYMENT OF FIRST PREMIUM MUST ACCOMPANY THIS CONVERSION REQUEST.

Union Security Insurance Company

Mail to: **Assurant Employee Benefits** PO Box 830607 Birmingham Alabama 35283

T 866.909.6065

Form CONVAPP (1/2002) (OH)

INSTRUCTIONS

1. All required entries (except the signature) should be typed or printed. When completing the form by hand, please print with a pen (preferably black ink).
2. The person who requests the conversion must own the right to exercise the conversion privilege under the group policy. This person will be the owner of the individual policy issued. **Ownership cannot be transferred on this conversion request form.** Unless the group insurance is assigned or the person is a dependent child under age 15, the proposed insured (as named in item 2 on the other side) can exercise the conversion privilege. Conversion on behalf of a dependent child under age 15 can be exercised by the insured person (or surviving dependent spouse if the insured person has died) under the group policy.
3. Item 10 should be completed only if the group insurance being converted (a) has been assigned or (b) is on a dependent child who is under age 15. If the insurance has been assigned, only the person to whom the group insurance is assigned can exercise the conversion privilege.
4. In item 19, list "primary" and "secondary" beneficiaries separately, as indicated. Be sure to give the full name and relationship to the proposed insured. Payment of any death benefit will be made to the primary beneficiary or beneficiaries (unless specified otherwise, in equal shares if more than one is named). If no primary beneficiary survives, payment will be made to the surviving secondary beneficiary or beneficiaries (unless specified otherwise, in equal shares if more than one is named).
5. The group insurance may be converted to any individual life insurance policy without disability or other supplementary benefits, on any plan of insurance, except term insurance, currently being issued by the Company for the purpose of conversion. Premium rates for the whole life plan are provided below. The minimum face amount is \$1,000.

ANNUAL PREMIUM RATES FOR WHOLE LIFE PER \$1,000 OF INSURANCE

Age	Male	Female	Age	Male	Female	Age	Male	Female
0	\$4.49	\$3.37	31	\$12.71	\$10.65	61	\$59.08	\$37.59
1	4.65	3.39	32	13.22	11.03	62	61.83	39.42
2	4.81	3.42	33	13.79	11.42	63	64.70	41.51
3	4.98	3.47	34	14.42	11.81	64	67.71	43.84
4	5.16	3.53	35	15.10	12.21	65	70.85	46.41
5	5.34	3.61	36	15.82	12.61	66	74.13	49.19
6	5.52	3.70	37	16.59	13.02	67	77.54	52.18
7	5.71	3.80	38	17.39	13.43	68	81.08	55.35
8	5.90	3.92	39	18.22	13.85	69	84.76	58.71
9	6.09	4.05	40	19.07	14.27	70	88.58	62.22
10	6.29	4.20	41	20.00	14.78	71	92.77	66.44
11	6.49	4.36	42	21.05	15.43	72	97.52	71.02
12	6.70	4.52	43	22.22	16.20	73	102.79	75.97
13	6.92	4.69	44	23.50	17.07	74	108.54	81.30
14	7.15	4.87	45	24.88	18.03	75	114.71	87.06
15	7.39	5.08	46	26.36	19.03	76	121.26	93.28
16	7.63	5.30	47	27.92	20.08	77	128.13	100.04
17	7.88	5.55	48	29.57	21.14	78	135.29	107.41
18	8.13	5.82	49	31.30	22.19	79	142.67	115.48
19	8.38	6.13	50	33.09	23.21	80	150.24	124.30
20	8.63	6.47	51	34.99	24.25			
21	8.90	6.83	52	37.04	25.37			
22	9.20	7.20	53	39.22	26.56			
23	9.53	7.57	54	41.50	27.81			
24	9.88	7.95	55	43.88	29.11			
25	10.25	8.33	56	46.32	30.45			
26	10.63	8.72	57	48.82	31.82			
27	11.03	9.10	58	51.36	33.22			
28	11.44	9.49	59	53.92	34.63			
29	11.85	9.87	60	56.47	36.04			
30	12.26	10.26						

HOW TO CALCULATE AN ANNUAL PREMIUM:

To calculate the annual premium, find the rate per \$1,000 from the table for your age (last birthday). Multiply this rate times the number of thousands of insurance you wish to convert. A policy fee of \$40.00 must be added to this premium.

A female, age 21, buys a \$15,000 policy:

1. The basic premium is 15 X \$6.83, or \$102.45
2. The policy fee is 40.00
3. The total annual premium is \$142.45

PREMIUM MODES OTHER THAN ANNUAL

SEMI-ANNUAL: Multiply the annual premium by .51 (round to nearer cent) and add \$.60.

QUARTERLY: Multiply the annual premium by .26 (round to nearer cent) and add \$.60.

The minimum premium for any mode is \$10.00.