LIFE INSURANCE
NOTIFICATION OF CONVERSION PRIVILEGE
Unum Life Insurance Company of America (Unum)

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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 a Single Premium Convertible One-Year Term Life Policy. You may purchase either of these 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 will 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 your first premium payment (made payable to Unum) to:

   Unum
   Portability and Conversion Unit
   2211 Congress St.
   Portland, Maine 04122

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.
4. **Cost of an individual policy** – The rates included in this package show the cost of an individual policy. If your rate is not listed, please call Unum at 1-800-421-0344.

COMPLETING THE APPLICATION

1. **Employer completes this section** – Employer must complete the top section of the application before giving to the employee.
2. **Employee completes this section** – Employee must complete this section in order to continue this coverage.
   a. **Print Insured's Name** – Enter full name, check male or female and enter date of birth.
   b. **Applicants / Dependent's Name (if other than insured)** – Enter the name of the person applying for insurance if it is other than the insured person. Check male or female and enter date of birth.
   c. **Insured's Address** – Enter full mailing address of the insured.
3. **What type of insurance are you electing?** You may elect Individual Whole Life or a Single Premium Convertible One-Year Term Life Policy. If you elect the Single Premium Convertible Policy, your Whole Life Insurance Policy will become effective after one year provided the premium due is received within the lifetime of the insured and within the Grace Period as provided in your Whole Life Policy.
4. **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 coverage you held under the group policy.
5. **Check premium payment mode** – Check the box next to the mode of payment that you elect to pay your premiums.
6. **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.
7. **Whom do you wish as beneficiary(ies) under the Individual Policy** – Enter the full name and relationship of your Primary and Contingent beneficiaries.
8. **Signatures –**

Insured's Signature – The person whose life is being covered for insurance must sign the application unless he/she is under 18 years of age.
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.
Witness Signature – Any person other than the insured must sign as a witness to the application.

Special Instructions for Completing the Application

- **A separate application must be completed for each applicant applying for coverage.**
- **Any changes made to your answers must be initialed and dated.**

APPLICATION FOR CONVERSION OF GROUP LIFE INSURANCE TO AN INDIVIDUAL LIFE INSURANCE POLICY

Unum Life Insurance Company of America

1. 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)	Social Security Number	Date of Birth
Group life insurance benefits were: ☐ Terminated ☐ Reduced / Reason for Termination	Date of Termination or Reduction	Amount of Coverage Lost $

Was the employee disabled on date of termination or reduction? ☐ Yes ☐ No

If yes, see (waiver of premium) Extension of Employee Life Insurance Provision of the group contract, if available under the group plan.

Date of Disability (Date last worked)

Has Employee submitted a claim for extension of group benefit? ☐ Yes ☐ No

Was the group life coverage previously assigned? (collateral/absolute) ☐ Yes ☐ No

Employer Signature | Date

2. Employee Information

A. Print Insured's Name (Last, First, Mid. Int.)	Sex ☐ M ☐ F	Date of Birth
B. Applicant's/Dependent's Name (if other than insured)	Sex ☐ M ☐ F	Date of Birth

C. Insured's Address (No. & Street, City, State, Zip Code and Phone Number)

3. I elect the following life insurance:

☐ Whole Life Only ☐ Single Premium Convertible One-Year Term Life with automatic conversion to Whole Life

Note: The individual policy that you convert to will not contain waiver of premium or accidental death benefits.

4. What is the amount of insurance you wish to convert? $_____

Note: The amount may not exceed the amount shown in section 1.

5. Check premium payment mode ☐ Annually ☐ Semi-Annually ☐ Quarterly

6. Do you wish to elect automatic premium loan? ☐ Yes ☐ No

7. Whom do you wish as beneficiary(ies) of proceeds under the individual policy?

Primary: _____

If beneficiary(ies) named above not living, then pay:

Contingent: _____

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 4 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. **See reverse side for fraud notices.**

8.

Insured's Signature	Date	Applicant's/Dependent's Signature	Date	Witness Signature (if other than insured)	Date

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FRAUD NOTICE

For Residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kansas: Any person who knowingly and with intent to defraud presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Kentucky, Ohio and Pennsylvania: 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.

For Residents of Minnesota: Any person who knowingly or willfully makes a false or fraudulent statement in, or relative to, any application for insurance or membership for any purpose shall be guilty of a gross misdemeanor.

For Residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Residents of New Mexico: 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 civil fines and criminal penalties.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For Residents of the District of Columbia: 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.

For Residents of All Other States: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Conversion Rates

Age	Annual Rate 1-Year Term	Rates for Individual Whole Life Annual	Semiannual	Quarterly	Age	Annual Rate 1-Year Term	Rates for Individual Whole Life Annual	Semiannual	Quarterly
0	5.05	2.06	1.07	0.57	46	8.92	22.08	11.48	6.07
1	5.05	2.16	1.12	0.59	47	9.66	22.62	11.76	6.22
2	5.05	2.27	1.18	0.62	48	10.41	23.44	12.19	6.45
3	5.05	2.39	1.24	0.66	49	11.15	24.52	12.75	6.74
4	5.05	2.51	1.31	0.69	50	11.89	25.87	13.45	7.11
5	5.05	2.63	1.37	0.72	51	13.47	27.95	14.53	7.69
6	5.05	2.77	1.44	0.76	52	15.05	29.88	15.54	8.22
7	5.05	2.91	1.51	0.80	53	16.62	32.08	16.68	8.82
8	5.05	3.05	1.59	0.84	54	18.20	34.56	17.97	9.50
9	5.05	3.21	1.67	0.88	55	19.78	38.69	20.12	10.64
10	5.05	3.37	1.75	0.93	56	21.73	39.23	20.40	10.79
11	5.05	3.54	1.84	0.97	57	23.69	40.31	20.96	11.09
12	5.05	3.72	1.93	1.02	58	25.64	41.94	21.81	11.53
13	5.05	3.91	2.03	1.08	59	27.60	44.10	22.93	12.13
14	5.05	4.11	2.14	1.13	60	29.55	46.81	24.34	12.87
15	5.05	5.29	2.75	1.45	61	32.82	51.32	26.69	14.11
16	5.10	5.56	2.89	1.53	62	36.08	55.21	28.71	15.18
17	5.15	5.83	3.03	1.60	63	39.35	59.65	31.02	16.40
18	5.29	6.10	3.17	1.68	64	42.61	64.64	33.61	17.78
19	5.43	6.36	3.31	1.75	65	45.88	72.96	37.94	20.06
20	5.74	6.99	3.63	1.92	66	49.74	76.31	39.68	20.99
21	5.49	7.27	3.78	2.00	67	53.61	79.66	41.42	21.91
22	5.24	7.55	3.93	2.08	68	57.47	83.01	43.17	22.83
23	5.00	7.84	4.08	2.16	69	61.34	86.36	44.91	23.75
24	4.75	8.12	4.22	2.23	70	65.20	93.06	48.39	25.59
25	4.50	8.40	4.37	2.31	71	73.41	105.19	54.70	28.93
26	4.35	8.65	4.50	2.38	72	81.63	112.26	58.38	30.87
27	4.20	8.90	4.63	2.45	73	89.84	119.32	62.05	32.81
28	4.06	9.15	4.76	2.52	74	98.06	126.38	65.72	34.75
29	3.91	9.40	4.89	2.59	75	106.27	147.58	76.74	40.58
30	3.76	9.65	5.02	2.65	76	114.77	156.43	81.34	43.02
31	3.82	11.55	6.01	3.18	77	123.95	165.82	86.23	45.60
32	3.88	11.84	6.16	3.26	78	133.87	175.77	91.40	48.34
33	3.94	12.13	6.31	3.34	79	144.58	186.31	96.88	51.24
34	4.00	12.42	6.46	3.42	80	156.15	197.49	102.69	54.31
35	4.06	12.85	6.68	3.53	81	168.64	209.34	108.86	57.57
36	4.30	12.98	6.75	3.57	82	182.13	221.90	115.39	61.02
37	4.53	13.25	6.89	3.64	83	196.70	235.22	122.31	64.69
38	4.77	13.64	7.09	3.75	84	212.43	249.33	129.65	68.57
39	5.00	14.16	7.36	3.89	85	229.43	264.29	137.43	72.68
40	5.24	15.61	8.12	4.29	86	247.78	280.15	145.68	77.04
41	5.83	16.43	8.54	4.52	87	260.17	296.95	154.41	81.66
42	6.42	17.40	9.05	4.79	88	273.18	314.77	163.68	86.56
43	7.00	18.50	9.62	5.09	89	286.84	333.66	173.50	91.76
44	7.59	19.74	10.26	5.43	90	301.18	353.68	183.91	97.26
45	8.18	21.81	11.34	6.00					

Policy Fee is as follows:
$90.00 per annual payment
$46.80 per semi annual payment
$24.75 per quarterly payment

Please note: Rates are per $1,000 of coverage

How to Calculate Your Premium Payment

Calculate Your Premium Payment	Check Your Elections Below
1. Determine if you want the whole life or the 1-Year Term coverage. The 1-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 1-Year Term, you must submit an annual premium payment. Note that the 1-Year Term coverage is not available in all states.	Whole Life ☐ 1-Year Term ☐
2. If you have selected whole life, determine whether you want to pay your whole life premiums annually, semi-annually, or quarterly.	Annual ☐ Semi-Annual ☐ Quarterly ☐
3. Find your rate on the rate table. 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.	Base Rate per $1,000 of Coverage _____
4. Determine the amount of insurance you want. You may have any amount up to and including the amount you had under the group plan.	Amount of Coverage _____

5.

Calculate Your Premiums

a. Base rate per thousand dollars of coverage:	Base Rate	_____
b. Number of thousand dollar units you want:	# of $1,000 Units	x _____
c. Multiply a. by b.:	Base Rate X # of Units	_____
d. If you selected whole life, add the policy fee:	Policy Fee	+ _____
No policy fee for 1-Year Term		
Annual $90.00 per payment		
Semi-annual $46.80 per payment		
Quarterly $24.75 per payment		
e. TOTAL c. and d. This is your premium.	* TOTAL	_____

Please make your check payable to Unum

* This is the estimated amount due per payment, actual billed amount may vary slightly due to rounding.

Example

1. A 44 year old person decides to convert to a whole life policy
2. The person wants to convert $25,000 of coverage
3. The person wants to pay premiums semi-annually
4. The semi-annual rate for a 44 year old is $10.26 per $1,000 of insurance
5. Calculate premiums:

a. Base rate per thousand dollars of coverage:	$10.26
b. Number of thousand dollar units you want:	X 25
c. Multiply a. by b.:	$256.50
d. If you selected whole life, add the policy fee:	
No policy fee for 1-Year Term	$0.00
Annual $90.00 per payment	-
Semi-annual $46.80 per payment	$46.80
Quarterly $24.75 per payment	-
e. TOTAL c. and d. This is your premium.	$303.30

Your actual coverage is subject to the terms, conditions, limitations and restrictions set forth in your certificate of coverage and the Summary of Benefits or Policy.

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