# **Request for Conversion of Group Life Insurance**



In accordance with the provi	sions governing	g the conversion of group insu	ırance	to individ	ual insurance c	ontained in	n:		
Group Policy no	issued	toPOLICYHOLDER			Certificate no.		·		
Original effective date/_		POLICYHOLDER	₹						
under said Group Policy to i	nsurance unde	SURANCE COMPANY to conv r the form of policy specified	below	in accord	ance with the i	information	provided below.		
		on the reverse side.) MAKE S							
<ol> <li>Conversion of group ins</li> <li>□ Insured person</li> <li>□ Description</li> </ol>	13.	Send premium notices and communications Proposed insured's: ☐ Residence ☐ Bus							
Name of proposed insu LAST	Name of proposed insured  LAST FIRST MIDDLE INITIAL					☐ Person exercising conversion privilege  Otherwise:			
3. Birthdate  MO. DAY YEAR	4. Sex □ Male □ Female	5. Social Security number	14.				to whole life coverage:		
6. Residence address STREET	'			<ul><li>a. Death benefit amount \$</li><li>b. Automatic premium loan provision is</li><li>to be operative. (<i>Insert "not" if not desired</i>.)</li></ul>					
CITY, STATE, ZIP CODE			15.	Is this coverage being converted from:					
7. Residence phone numb		Disability Portabilit	waiver	` `	Yes □ No Yes □ No Yes □ No				
8. Present employer (name and address)  NAME							ge (month, day, year)		
STREET			47	N4I					
CITY, STATE, ZIP CODE			17.	Mode of		_			
9. Occupation of proposed		☐ Annual ☐ Semi-annual ☐ Quarterly			Premium amount: \$				
Complete item 10 below only right to exercise the Convers		Amount paid with this conversion request must equal the first premium due \$							
reverse side.)  10. a. Name of person exe	19.		ary ( <i>Print full na</i> d insured.)	ame and re	and relationship to				
LAST	FIRST	MIDDLE INITIAL		Primary*		Rela	ationship		
b. Address						Rela	ationship		
CITY, STATE, ZIP CODE c. Contingent Owner–	*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								
death of the person		shall be divided equally among those who survive the insured.)  20. Corrections and Amendments (for Home Office use only							
11. Social Security number to	or 10.a. 12. S	Social Security number for 10.c.							
all rights, privileges and benefit addition to this request for con- respect to the Certificate speci Any person who knowingly statement of claim containing	s under said Groversion indicated fied above, I am and with inten any material	nsurance provided under the Gro pup Policy. My acceptance of any I by the Company in the space a the sole owner of the right to ex t to defraud any insurance c by false information or concea- tinsurance act, which is a crin	y policy above e ercise ompar als for	vissued he entitled "Co the Conve ny or othe the purpo	reon shall consti prrections and Ar rsion Privilege o r person files a se of misleadir	itute a ratifice mendments f the Group an applicating, informa	eation of any change or "I represent that, with Policy. tion for insurance or ation concerning any		
		ate of		-	MONTH	DAY	YEAR		
	WITNESS						TING CONVERSION		

PAYMENT OF FIRST PREMIUM MUST ACCOMPANY THIS CONVERSION REQUEST.

**Union Security Insurance Company** 

#### **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

A	ANNOAL I REMIDIN RATES FOR WHOLE EN ET ER \$1,000 OF INCORPANCE												
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

### 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.

Form CONVAPP (1/2002) (PA) KC3057APA (1/2010)