



**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-Y



**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
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Employee's Name (Last, First, MI)	Social Security Number	Date of Birth
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Dependent Name (if converting dependent coverage)	Social Security Number	Date of Birth
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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 \$
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Was the employee disabled on date of termination or reduction?  Yes  No

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**2. Employee Completes this Section**

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## FRAUD NOTICE

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**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. 8 Tm[( )] TJ TJ46ny materially ly poineyEMCTf10 0

0	5.05	2.06	1.07	0.57
1	5.05	2.16	1.12	0.59
2	5.05	2.27	1.18	0.62
3	5.05	2.39	1.24	0.66
4	5.05	2.51	1.31	0.69
5	5.05	2.63	1.37	0.72
6	5.05	2.77	1.44	0.76
7	5.05	2.91	1.51	0.80
8	5.05	3.05	1.59	0.84
9	5.05	3.21	1.67	0.88
10	5.05	3.37	1.75	0.93
11	5.05	3.54	1.84	0.97
12	5.05	3.72	1.93	1.02
13	5.05	3.91	2.03	1.08
14	5.05	4.11	2.14	1.13
15	5.05	5.29	2.75	1.45
16	5.10	5.56	2.89	1.53
17	5.15	5.83	3.03	1.60
18	5.29	6.10	3.17	1.68
19	5.43	6.36	3.31	1.75
20	5.74	6.99	3.63	1.92
21	5.49	7.27	3.78	2.00
22	5.24	7.55	3.93	2.08
23	5.00	7.84	4.08	2.16
24	4.75	8.12	4.22	2.23
25	4.50	8.40	4.37	2.31
26	4.35	8.65	4.50	2.38
27	4.20	8.90	4.63	2.45
28	4.06	9.15	4.76	2.52
29	3.91	9.40	4.89	2.59
30	3.76	9.65	5.02	2.65
31	3.82	11.55	6.01	3.18
32	3.88	11.84	6.16	3.26
33	3.94	12.13	6.31	3.34
34	4.00	12.42	6.46	3.42
35	4.06	12.85	6.68	3.53
36	4.30	12.98	6.75	3.57
37	4.53	13.25	6.89	3.64
38	4.77	13.64	7.09	3.75
39	5.00	14.16	7.36	3.89
40	5.24	15.61	8.12	4.29
41	5.83	16.43	8.54	4.52
42	6.42	17.40	9.05	4.79
43	7.00	18.50	9.62	5.09
44	7.59	19.74	10.26	5.43
45	8.18	21.81	11.34	6.00

<p>_____</p> <p>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.</p>	<p>_____</p> <p>Whole Life      1-Year Term</p>
<p>_____</p> <p>_____</p>	
<p>_____</p>	<p>_____</p> <p>_____</p>