



Wise Financial Thinking for Life

**GROUP LIFE CONVERSION FORM
TO BE COMPLETED FOR ALL TERMINATED EMPLOYEES**

COMPANY NAME: _____ POLICY# _____

NAME OF EMPLOYEE: _____

CERT#: _____ TERMINATION DATE: _____

REASON FOR TERMINATION _____

DO YOU WISH TO CONVERT YOUR GROUP LIFE TO INDIVIDUAL LIFE:

NO YES

AMOUNT TO BE CONVERTED: _____ CONTACT# _____

NAME OF AGENT: _____

IF YOU DO NOT HAVE AN AGENT ONE WILL BE ASSIGNED

ADDRESS OF EMPLOYEE: _____

SIGNATURE OF EMPLOYEE: _____ DATE: _____

SIGNATURE OF ADMINISTRATOR: _____

FAILURE TO EXERCISE YOUR RIGHT TO CONVERT YOUR GROUP LIFE TO INDIVIDUAL LIFE WITHIN 31DAYS OF YOUR TERMINATION DATE WILL RESULT MEDICAL EVIDENCE BEING REQUIRED

FOR OFFICIAL USE ONLY

DATE GROUP LIFE CERTIFICATE TERMINATED

DATE CONVERSION OPTION EXPIRES

AMOUNT OF COVERAGE REMARKS

VERIFIED BY DATE