



# 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 31 DAYS OF YOUR TERMINATION DATE COULD RESULT IN MEDICAL EVIDENCE BEING REQUIRED.**

**FOR OFFICIAL USE ONLY**

Date Group Life Certificate Terminated \_\_\_\_\_

Date Conversion Option Expires \_\_\_\_\_

Amount of Coverage \_\_\_\_\_

Remarks \_\_\_\_\_

Verified By \_\_\_\_\_ Date \_\_\_\_\_