

Group Life Insurance Conversion Information

Your Conversion Rights

You may have the right to convert your terminated Group Life Insurance to a Whole Life Insurance Policy without a physical examination. Check with your Administrator. If you are eligible, you must submit a written application and pay the first premium **no later than:**

- **31 days** from the date your Group Life Insurance terminated; or
- **15 days** from the date of this notice, provided this notice is given within 90 days from the date your Group Life Insurance terminated. **In any event, your right to convert ends 90 days after termination date of your Group Life Insurance.**

If you are disabled, you may have the right to have your coverage continued without your payment of premiums. Refer to your Certificate or Summary Plan description, or ask your Administrator for details.

How to Apply

- The Policyholder/Administrator must first complete, sign and date the Group Policyholder Information Section.
- You should then:
- Complete the Applicant Section
- Sign and date the form
- Have a witness sign and date the form
- Calculate your premium by completing the Premium Calculation worksheet
- Make your check or money order payable to:  
**The Union Labor Life Insurance Company**
- Mail your completed application and payment to:

**The Union Labor Life Insurance Company**  
**Group Life Conversion Dept.**  
**P.O. Box 17184**  
**Winston-Salem, NC 27116**

Your application and premium payment must be received in our office **before the date the conversion privilege expires.** (Refer to Group Policyholder Information Section.)

**Please call 1.844.277.3391, if you have any questions.**

Group Policyholder Information Section

Name of Policyholder \_\_\_\_\_

Policy # G \_\_\_\_\_ Local or Bill ID \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Applicant Status: Member \_\_\_\_\_ Dependent \_\_\_\_\_

Applicant SS# \_\_\_\_\_

Amount of Group Life Insurance \$ \_\_\_\_\_

Maximum amount which may be converted \$ \_\_\_\_\_

Applicant group policy coverage

Beginning date \_\_\_\_\_ Ending date \_\_\_\_\_

Date Group Life Insurance Terminated, if different from above \_\_\_\_\_

Reason for termination: **check one**

☐ Termination of insured's employment/eligibility

☐ Termination of dependent's eligibility

☐ Termination of group policy

☐ Other: Please explain \_\_\_\_\_

Is Applicant disabled? ☐ Yes ☐ No

If YES, date Applicant became disabled: \_\_\_\_\_

Does the Applicant qualify for waiver of premium or extension of benefits? ☐ Yes ☐ No ☐ N/A

Date of Conversion Notification: \_\_\_\_\_

Date Conversion Privilege Expires: \_\_\_\_\_

Policyholder Certification

We certify that the Applicant is eligible to convert the maximum amount of Group Life Insurance as shown above:

By \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Premium Calculation

**Premiums may be paid quarterly, semiannually or annually.**

Indicate your age nearest birthday: \_\_\_\_\_

**Example:** If 30 years and **less** than 6 months, show 30; If 45 years and 6 months or **more**, show 46

Enter the rate for your age from the Rate Chart: **(A)** \_\_\_\_\_

Rates are different for male and female.

Indicate amount of insurance to be converted: **(B)** \_\_\_\_\_

(Show number of thousands \$10,000=10; \$7,500=7.5)

Multiply (A) x (B). Indicate Total: **(C)** \_\_\_\_\_

Select a mode of payment and indicate factor: **(D)** \_\_\_\_\_

MODE	FACTOR
<input type="checkbox"/> Quarterly	1.00
<input type="checkbox"/> Semi Annual	1.98
<input type="checkbox"/> Annual	3.77

Multiply (C) x (D). Indicate total: **(E)** \_\_\_\_\_

Indicate policy fee for mode selected: **(F)** \_\_\_\_\_

MODE	POLICY FEE
Quarterly	= \$6.63
Semi Annual	= \$13.13
Annual	= \$25.00

Add (E) and (F). Indicated total: **(G)** \_\_\_\_\_

This amount (G) **must be sent** with your application.

Do you want to receive information regarding direct premium payment deduction from your checking account?

☐ Yes ☐ No

Group Life Conversions – Premium Rate Chart

MALE		FEMALE	
Age	Quarterly Premium	Age	Quarterly Premium
18	3.83	18	3.12
19	3.92	19	3.21
20	4.02	20	3.30
21	4.09	21	3.38
22	4.20	22	3.48
23	4.32	23	3.60
24	4.44	24	3.71
25	4.58	25	3.84
26	4.74	26	3.97
27	4.90	27	4.11
28	5.08	28	4.26
29	5.28	29	4.41
30	5.49	30	4.58
31	5.67	31	4.72
32	5.92	32	4.91
33	6.18	33	5.11
34	6.46	34	5.32
35	6.75	35	5.55
36	7.07	36	5.79
37	7.41	37	6.04
38	7.77	38	6.31
39	8.16	39	6.59
40	8.56	40	6.89
41	8.92	41	7.14
42	9.38	42	7.46
43	9.86	43	7.80
44	10.38	44	8.15
45	10.93	45	8.53
46	11.51	46	8.92
47	12.14	47	9.33
48	12.80	48	9.78
49	13.52	49	10.24
50	14.29	50	10.74
51	14.99	51	11.18
52	15.87	52	11.73
53	16.82	53	12.32
54	17.83	54	12.95
55	18.92	55	13.62
56	20.08	56	14.33
57	21.32	57	15.09
58	22.67	58	15.92
59	24.12	59	16.82
60	25.70	60	17.81
61	27.16	61	18.73
62	29.01	62	19.92
63	31.02	63	21.22
64	33.19	64	22.62
65	35.54	65	24.13
66	38.08	66	25.77
67	40.84	67	27.54
68	43.86	68	29.49
69	47.18	69	31.66
70	50.86	70	34.10

Please call  
for rates  
over age 70.

GROUP LIFE INSURANCE  
CONVERSION INFORMATION



The Union Labor Life  
Insurance Company

The Union Labor Life  
Insurance Company

P.O. Box 17184  
Winston-Salem, NC 27116  
844.277.3391

www.ullico.com



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**Applicant Section** – Complete **all** areas; answer **all** questions – please print

Full name: \_\_\_\_\_

Last

First

Middle

Sex ☐ Male ☐ Female Date of birth \_\_\_\_\_

SS# \_\_\_\_\_ Home telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Maximum Amount of Group Life Insurance to be converted: \$ \_\_\_\_\_

(Refer to section titled Group Policyholder Information Section for that Amount.)

Are you totally disabled or receiving disability benefits? ☐ YES ☐ NO

If yes, please provide full details below relating to your disability: (i.e., dates – Condition, etc.)

**Beneficiary** – Complete Section A **or** Section B.

A. Primary: \_\_\_\_\_

Name

SS#

Age

Relationship

Contingent: \_\_\_\_\_

Name

SS#

Age

Relationship

B. Joint: \_\_\_\_\_

Name

SS#

Age

Relationship

Joint: \_\_\_\_\_

Name

SS#

Age

Relationship

Designate percentage for each joint beneficiary

%

**Dividend Option**

☐ Pay in Cash ☐ Reduce Premium ☐ Accumulate at Interest ☐ Purchase Paid Up Insurance

Do you wish to elect an Automatic Premium Loan Provision? ☐ YES ☐ NO

Automatic Premium Loan Provision: Overdue premiums are paid from a loan on accumulated cash values for as long as remaining cash values are sufficient to cover the premium due.

I apply to the Union Labor Life Insurance Company for a Whole Life Insurance Policy. I understand that the effective date of the Suicide and Incontestable Clause shall be the date of issue of my group life insurance policy coverage.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_