

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 _____ Yes No

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

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Insurance Company

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

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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 _____