

**APPLICATION FOR CONVERSION
 OF
 GROUP LIFE INSURANCE**

DIRECTIONS:

1. Complete all sections of the conversion application, including the Employer's section on the back.
2. Compute your initial premium as shown in the directions on the back.
3. Mail the completed application and initial premium to the above address within 31 days of the date your group insurance terminates. Checks or Money Orders should be made payable to Regence Life and Health Insurance Company.

In accordance with and subject to all the terms and conditions of the conversion privilege contained therein, I make application to Regence Life and Health Insurance Company to convert my insurance under said Group Policy to an individual plan issued by Regence Life and Health Insurance Company, such policy to be used in accordance with the following requests and statements of fact:

TO BE COMPLETED BY EMPLOYEE OR CONVERTING DEPENDENT

NAME IN FULL				SOCIAL SECURITY NUMBER	GROUP POLICY NUMBER
SEX	DATE OF BIRTH	AGE	AMOUNT OF GROUP LIFE COVERAGE \$	AMOUNT OF GROUP DEPENDENT LIFE COVERAGE (If Conversion is for Dependent) \$	
TYPE OF POLICY		AMOUNT TO BE CONVERTED \$	PREMIUM TO BE PAID <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly		AMOUNT REMITTED WITH THIS APPLICATION \$
PRESENT OCCUPATION			REASON FOR TERMINATION		Automatic Premium <input type="checkbox"/> YES Loan Provision Desired? <input type="checkbox"/> NO
INSURED SHALL BE OWNER UNLESS A DIFFERENT OWNER IS DESIGNATED BELOW:				CONTINGENT OWNER (not needed if insured is Owner)	
				<input type="checkbox"/> OWNER'S ESTATE <input type="checkbox"/> OTHER	
NAME	AGE	RELATIONSHIP	NAME	AGE	RELATIONSHIP

PREMIUM NOTICES TO BE MAILED TO (STREET, CITY, STATE & ZIP)

INSURED'S HOME ADDRESS (If different than above)

PRIMARY BENEFICIARY	RELATIONSHIP
CONTINGENT BENEFICIARY	RELATIONSHIP
ADDRESS OF BENEFICIARY	

(UNLESS OTHERWISE REQUESTED, JOINT BENEFICIARIES WILL RECEIVE PROCEEDS EQUALLY OR ALL TO SURVIVOR.)

It is understood and agreed as follows: (a) the individual policy will be effective on the Policy Date set forth in said policy; (b) the period of time specified in the Incontestability and Suicide provisions of the individual policy will begin on the Policy Date of said policy; (c) in the event that the designated beneficiaries of the Group Policy and the individual policy are different, the individual policy beneficiary designation will be used for any payment of extended group benefits; (d) if any benefit becomes payable under the extended benefits provision of the Group Policy, no payment will be made by the individual policy, except for a refund of premiums paid for said policy.

Signed at (City) _____, State of _____, this _____ day of _____, 20____

Witnessed by _____

 SIGNATURE OF PERSON TO BE INSURED

 SIGNATURE OF APPLICANT (OWNER)
 (If other than person to be insured)

ANNUAL PREMIUM RATES

To calculate your premium for the coverage desired, find your age and the corresponding Basic Annual Premium per \$1,000 from the columns below. Multiply this premium by the number of thousands of dollars of insurance you plan to convert. Then multiply the Basic Annual Premium by the premium factor below for the desired mode of payment.

MODE	PREMIUM FACTOR
Annual	1.000
Semi-Annual	.515
Quarterly	.261

Example: Conversion of \$10,000 Group Life for a 45 year old person to \$10,000 Whole Life Plan payable Annually, Semi - Annually and Quarterly.

Basic Annual Premium - \$33.24 X \$10,000 = \$332.40
 Multiply the Basic Annual Premium by the appropriate Premium Factor:

Annual	= \$332.40 X	1.000 =	\$332.40
Semi-Annual	= \$332.40 X	.515 =	\$171.19
Quarterly	= \$332.40 X	.261 =	\$ 86.76

15	\$10.32	45	\$33.24
16	10.68	46	34.92
17	10.92	47	36.60
18	11.28	48	38.40
19	11.64	49	40.32
20	12.00	50	42.36
21	12.36	51	44.52
22	12.72	52	46.92
23	13.20	53	49.32
24	13.68	54	51.84
25	14.16	55	54.60
26	14.64	56	57.48
27	15.24	57	60.60
28	15.84	58	63.96
29	16.44	59	67.56
30	17.16	60	71.40
31	17.88	61	75.48
32	18.60	62	79.92
33	19.44	63	84.60
34	20.28	64	89.64
35	21.12	65	94.92
36	22.08	66	100.68
37	23.04	67	106.80
38	24.12	68	113.52
39	25.20	69	120.72
40	26.40	70	128.64
41	27.60		
42	28.92		
43	30.36		
44	31.80		

**To obtain premium rates for ages over 70, contact
 Regence Life and Health Insurance Company.**

TO BE COMPLETED BY EMPLOYER

DATE EMPLOYEE TERMINATED INSURANCE	DATE EMPLOYEE INELIGIBLE FOR EMPLOYMENT	DATE GROUP POLICY TERMINATES	GROUP LIFE INSURANCE AMOUNT \$
NAME OF EMPLOYER PROVIDING GROUP POLICY			GROUP NUMBER
SIGNATURE OF PERSON AUTHORIZED TO CERTIFY FOR GROUP POLICYHOLDER			MONTH DAY YEAR