



P.O. Box 1650
Little Rock, AR 72203

Application to Convert Group Term Life Insurance

If your insurance ends under certain situations, you are eligible to convert your group life insurance with US Able Life. You may convert to an individual plan of life insurance, except term insurance, issued by US Able Life. The plan must conform with standards stated in your group life insurance certificate. This can be done at the rate for the insured's attained age and regardless of the insured's physical condition, if this application is received by US Able Life **within 31 days** after your insurance terminates, as specified by the conditions described in your certificate. For information about conversion provisions and your maximum convertible amount, refer to your certificate or group administrator. Mail the completed application, within the time limit specified, to the above address. Use the rates found on page 3 of this application to calculate your premium. Attach your check or money order for the first premium.

If you have questions, please call us toll-free at 1-800-648-0271.

SECTION I – Must Be Completed, Signed by Employer and a Copy Retained for Employer's Records

1. Full Legal Name of Employee (Last, First Middle)		2. Social Security Number	
3. Group Number	4. Name of Employer	5. Last Date of Active Work	
6. Group Life Insurance Amount:			
Basic Life: \$ _____	Supplemental Life: \$ _____	Dependent Life: \$ _____	
Voluntary Life: \$ _____	Voluntary Dependent Life: \$ _____		
7. Authorized benefits administrator			
Name: _____		Signature: _____	Date: _____

SECTION II – Applicant to complete this information

1. Full Legal Name of Insured (Last, First Middle) only if other than Employee		2. Social Security Number		
3. Telephone Numbers		4. Email Address		
Business () _____		Home: () _____		
5. Address _____		City _____	State _____	Zip Code _____
6. Reason for Conversion:				
<input type="checkbox"/> Termination of Group Policy		<input type="checkbox"/> Termination of active employment or membership in eligible class		
<input type="checkbox"/> Termination due to disability		<input type="checkbox"/> Other (Specify): _____		
7. Sex:	8. Date of Birth (Mo/Day/Yr):	9. Date Coverage Terminated	10. Amount of Coverage Being Converted	11. Premium
<input type="checkbox"/> M <input type="checkbox"/> F			\$ _____	\$ _____
12. To Be Paid:				
<input type="checkbox"/> Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually				
<input type="checkbox"/> Bank Draft - Monthly* (*Please complete the Automatic Bank Draft Authorization on page 2.)				
13. Non-forfeiture Option: In the event of non-payment of premiums, and at the end of your grace period, any existing cash value will be used for the Automatic Premium Loan Provision unless you reject it by selecting the Paid-up Insurance benefit. This is a reduced face value policy, based on cash values available at the time of non-payment.				
<input type="checkbox"/> Paid-up Insurance				
14. Full Legal name of primary beneficiary(s):		Birthdate	Social Security #	Relationship: % of share:
				<i>Total: 100%</i>
15. Full Legal name of contingent beneficiary(s):		Birthdate	Social Security #	Relationship: % of share:
				<i>Total: 100%</i>

Full Legal Name of Insured (Last, First Middle)	Social Security Number
Complete information below if the policyowner is to be other than the insured.	
16. Full Legal name of policyowner (if other than insured):	17. Date of birth (Mo/Day/Yr):
18. Address: _____	City: _____ State: _____ Zip code: _____
19. Relationship to insured:	
Complete information below if you would like to name a secondary addressee. If you name one, US Able Life may notify the secondary addressee and the policyowner that your coverage may terminate or be placed on automatic premium loan or a nonforfeiture benefit, due to failure to pay premium within the policy's specified time period.	
20. Full Legal Name of Secondary Addressee:	
21. Address: _____	City: _____ State: _____ Zip code: _____
Read and Sign This Statement.	
I submit this application to convert insurance, under said group policy, to an individual plan. I hereby certify that the information in Section II is true and complete. I understand and acknowledge that, any beneficiary designation in an individual policy issued pursuant to this application shall, if different from the group policy's designation, be deemed notice of change of beneficiary.	
Insurance Fraud Warning - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and subject to fines and confinement in prison.	
X _____ / _____ Proposed insured's signature /Date	X _____ / _____ Proposed policyowner's signature /Date (if policyowner is other than insured)
If you request premium payment through automatic deductions from a checking account, complete the "Automatic Bank Draft Authorization" section below.	
Automatic Bank Draft Authorization	
Instructions:	NOTE: This section allows your financial institution to pay the monthly premium for you automatically from the checking account specified by you.
1. Complete the section at the right, making sure to enter the date, and sign your name as it appears on your account.	<i>I/We give permission for my financial institution to automatically make payments to US Able Life. This authorization will remain in effect unless: I/we cancel it in writing; the checking account is closed; or the insurance policy is cancelled.</i>
2. Return this enrollment application, along with your check for the first month of coverage.	_____
3. We will withdraw future premiums from the checking account listed on the check used for the initial premium, unless you direct us otherwise.	Checking account number
4. If you wish to have future premiums withdrawn from a checking account other than the one from which you have paid the initial premium, please provide us with a voided check for that account.	_____
	Account holder's name (Please print.)
	Joint account holder or other authorized representative's name (Please print.)

	Account holder's signature
	Joint account holder or other authorized representative's signature

	Date
	Date
For Home Office Use Only	

To calculate your premium:

1. Find your age and the corresponding rate from the table below.
2. Multiply this rate by the number of thousand dollar units of insurance you plan to convert. One unit is equal to \$1,000 of coverage.
3. To this, add Annual policy fee of \$25.
4. Multiply this amount by the premium factor based on the mode of payment you select.

<u>MODE</u>	<u>PREMIUM FACTOR</u>	<u>POLICY FEE</u>
Annual	1.00000	\$25.00
Semi-Annual	0.50000	
Quarterly	0.25000	
Automatic Bank Draft Monthly	0.08334	

ANNUAL PREMIUM PER THOUSAND – 20 PAY WHOLE LIFE

AGE LAST BIRTHDAY	PREMIUM RATE	AGE LAST BIRTHDAY	PREMIUM RATE
0 - 10	15.06	46	36.99
11	15.27	47	38.47
12	15.48	48	40.00
13	15.64	49	41.69
14	15.85	50	43.49
15	16.05	51	45.73
16	16.20	52	48.08
17	16.39	53	50.54
18	16.62	54	53.13
19	16.85	55	55.84
20	17.03	56	58.69
21	17.20	57	61.69
22	17.28	58	64.87
23	17.32	59	68.23
24	17.43	60	71.81
25	17.50	61	75.59
26	17.61	62	79.60
27	17.79	63	83.87
28	18.09	64	88.42
29	18.54	65	93.29
30	19.09	66	98.53
31	19.79	67	104.20
32	20.56	68	110.35
33	21.46	69	117.05
34	22.42	70	124.35
35	23.45	71	132.29
36	24.52	72	140.92
37	25.67	73	150.31
38	26.84	74	160.59
39	28.05	75	171.85
40	29.30	76	184.19
41	30.56	77	197.71
42	31.78	78	212.51
43	33.00	79	228.67
44	34.29	80	246.23
45	35.61		

Example of Rate Calculation:

Conversion of \$10,000 Group Life for a 45-year-old male to \$10,000 20 Pay Life Policy, payable quarterly.

Age:	45
Premium Rate:	35.61
X Amount of Insurance:	x 10
Subtotal:	\$356.10
+ Policy Fee:	+ 25.00
Subtotal:	\$381.10
X Premium Factor:	x .25
Total Quarterly Premium:	\$95.28

Calculate Your Rate Below:

Age	
Last Birthday:	
Premium Rate:	
X Amount of Insurance:	x
Subtotal:	
+ Policy Fee:	+
Subtotal:	
X Premium Factor:	x
Total Premium:	