USAble Life

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 USAble Life. You may convert to an individual plan of life insurance, except term insurance, issued by USAble 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 USAble 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
   Business   (   )   Home: (   )

4. Email Address

5. Address   City   State   Zip Code

6. Reason for Conversion:
   ☐ Termination of Group Policy   ☐ Termination of active employment or membership in eligible class
   ☐ Termination due to disability   ☐ Other (Specify): _____

7. Sex: ☐ M ☐ F	8. Date of Birth (Mo/Day/Yr):	9. Date Coverage Terminated	10. Amount of Coverage Being Converted $	11. Premium $

12. To Be Paid:
    ☐ Annually   ☐ Quarterly   ☐ Semi-annually
    ☐ 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.
    ☐ Paid-up Insurance

14. Full Legal name of primary beneficiary(s):	Birthdate	Social Security #	Relationship:	% of share:
				Total: 100%

15. Full Legal name of contingent beneficiary(s):	Birthdate	Social Security #	Relationship:	% of share:
				Total: 100%

20PL-APP (5-08)   *Continued on Page 2/reverse side.*

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, USAble 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 _____ / _____   X _____ / _____
   Proposed insured's signature   /Date   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.

Instructions:

1. Complete the section at the right, making sure to enter the date, and sign your name as it appears on your account.
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.
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.

NOTE: This section allows your financial institution to pay the monthly premium for you automatically from the checking account specified by you.

I/We give permission for my financial institution to automatically make payments to USAble 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.

_____
Checking account number

_____ 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.

MODE	PREMIUM FACTOR	POLICY FEE
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				Example of Rate Calculation:	
AGE LAST BIRTHDAY	PREMIUM RATE	AGE LAST BIRTHDAY	PREMIUM RATE	Conversion of $10,000 Group Life for a 45-year-old male to $10,000 20 Pay Life Policy, payable quarterly.	
0 - 10	15.06	46	36.99		
11	15.27	47	38.47	Age:	45
12	15.48	48	40.00		
13	15.64	49	41.69	Premium Rate:	35.61
14	15.85	50	43.49	X Amount of	
15	16.05	51	45.73	Insurance:	x 10
16	16.20	52	48.08	Subtotal:	$356.10
17	16.39	53	50.54	+ Policy Fee:	+ 25.00
18	16.62	54	53.13	Subtotal:	$381.10
19	16.85	55	55.84	X Premium	
20	17.03	56	58.69	Factor:	x .25
21	17.20	57	61.69	Total Quarterly	
22	17.28	58	64.87	Premium:	$95.28
23	17.32	59	68.23		
24	17.43	60	71.81	Calculate Your Rate Below:	
25	17.50	61	75.59		
26	17.61	62	79.60	Age	
27	17.79	63	83.87	Last Birthday:	
28	18.09	64	88.42		
29	18.54	65	93.29	Premium Rate:	
30	19.09	66	98.53	X Amount of	
31	19.79	67	104.20	Insurance:	x
32	20.56	68	110.35	Subtotal:	
33	21.46	69	117.05	+ Policy Fee:	+
34	22.42	70	124.35	Subtotal:	
35	23.45	71	132.29	X Premium	
36	24.52	72	140.92	Factor:	x
37	25.67	73	150.31	Total Premium:	
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				