MEDMUTUAL LIFE®
A Medical Mutual Company

100 American Road
Brooklyn, OH 44144-2322
Telephone: 866-925-2542 Fax: 440-878-6941 Email: PolicyAdmin@Medmutual.com

APPLICATION FOR CONVERSION OF GROUP LIFE INSURANCE

Upon becoming ineligible for group insurance, you may be eligible to convert all or part of your Group Life Insurance coverage to an Individual Whole Life Insurance policy regardless of any current health conditions. For information concerning your eligibility for conversion refer to your certificate or Summary Plan Description (SPD).

To apply:

1. Complete Part 2 of this conversion application. Be sure your Employer has completed Part 1. Premium rates and instructions are shown on page 3.
2. Mail the completed application with your check or money order for the first premium to: MedMutual Life Insurance Company, 100 American Road, Brooklyn, OH 44144-2322.
3. EFT Authorization may be set up following the first premium received by check or money order. Please fill out the EFT authorization box on page three. Sign and date the application.

PART 1: TO BE COMPLETED BY EMPLOYER

			Group Number
Employer		Annual Salary	Insurance Class
Date Employment Term'd	Date Coverage Terminated	Last Actual Day of Work	Total Amount of Group Insurance

Does **Applicant** have:

Basic Life?	☐ Yes	☐ No	Amount $ ___________________
Supplemental Life?	☐ Yes	☐ No	Amount $ ___________________
Dependent Child Life?	☐ Yes	☐ No	Amount $ ___________________
Voluntary Life?	☐ Yes	☐ No	Amount $ ___________________

Reason for Termination

- ☐ Termination of employment or membership in eligible class
- ☐ Termination of Group Policy and Date Term'd.____________
- ☐ Disability
- ☐ Other (Specify) ______________________________

Signature of Employer Representative/Title	Telephone Number ( )	Date Signed

PART 2: TO BE COMPLETED BY INSURED

I hereby apply to convert my life insurance and affirm the following statements of fact:

NAME (Last, First, MI)	SOCIAL SECURITY or ID	TELEPHONE NUMBER ( )	GROUP POLICY NO.

ADDRESS

STREET CITY STATE ZIP CODE

GENDER	DATE OF BIRTH	LAST DATE OF ACTIVE WORK	E-MAIL
☐ Male ☐ Female	/ /	MO DAY YR	

SPOUSE NAME (Last, First, MI)	SPOUSE GENDER	SPOUSE DATE OF BIRTH
	☐ Male ☐ Female	/ /

PREMIUM PAYABLE:

☐ Annual ☐ Quarterly
☐ Semi-Annual ☐ EFT Monthly*

First full premium must be submitted with application

Premium Enclosed $_____________

COVERAGE SELECTION:

Basic Coverage(s)			Total Amount of Coverage Applied for
Basic Life	☐ Yes	☐ No	$ __________________________
Voluntary Life	☐ Yes	☐ No	$ __________________________
Dependent Life	☐ Yes	☐ No	$ __________________________
Supplemental Life	☐ Yes	☐ No	$ __________________________

BENEFICIARY DESIGNATION Last Name First Name MI	Date of Birth	Relationship	Benefit %
(Primary)	/ /		
(Primary)	/ /		
(Contingent)	/ /		
(Contingent)	/ /		

If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must be 100%.

Is the owner to be other than the Insured? ☐ Yes ☐ No

Name of Owner, if other than Insured:

Address of Owner, if other than Insured:

Street Address City State ZIP Code

The Owner is the person who may exercise all rights in the contract, e.g., assign, surrender, borrow. If no one is named, the Insured shall be the Owner.

I declare that the information on this application is complete and true, to the best of my knowledge and belief. I agree that the MedMutual Life Insurance Company may deposit the payment submitted with this application prior to approval of this application. If I am not eligible to convert my Group Insurance, the sole obligation of the Company shall be to refund any premiums paid.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals information concerning any fact material thereto, commits a fraudulent insurance act which may subject such person to criminal and civil penalties.

Signed At ______________________ on ______________________ ______________________________
City and State *Month Day Year* *Signature of Applicant*

____
Signature of Owner (Other than Insured)

PREMIUM CALCULATION WORKSHEET

For Conversion from Group Life to Individual Whole Life Policy

Premiums are payable to age 120 or death, whichever occurs first. To calculate your premium, find your present age and the corresponding **table rate per $1,000** from the columns below. Multiply this premium by the number of thousands of dollars of insurance you plan to convert. Then add a $90.00 policy fee. Then multipy the sum of the premium and the policy fee by the premium factor to find your modal premium.

Age at Issue Date	Table rate per thousand		Age at Issue Date	Table rate per Thousand	
	Male	Female		Male	Female
0	4.50	4.00	46	41.10	32.36
1	4.74	4.05	47	41.98	33.52
2	4.99	4.10	48	42.86	34.69
3	5.23	4.16	49	43.74	35.85
4	5.48	4.21	50	44.62	37.02
5	5.72	4.26	51	47.54	39.15
6	6.37	4.59	52	50.46	41.27
7	7.02	4.93	53	53.37	43.40
8	7.66	5.26	54	56.29	45.52
9	8.31	5.60	55	59.21	47.65
10	8.96	5.93	56	62.32	49.57
11	10.27	6.43	57	65.43	51.49
12	11.58	6.93	58	68.54	53.42
13	12.88	7.44	59	71.65	55.34
14	14.19	7.94	60	74.76	57.26
15	15.50	8.44	61	80.60	60.62
16	16.24	8.86	62	86.44	63.98
17	16.97	9.28	63	92.28	67.33
18	17.71	9.69	64	98.12	70.69
19	18.44	10.11	65	103.96	74.05
20	19.18	10.53	66	109.25	77.48
21	19.65	11.04	67	114.54	80.91
22	20.12	11.56	68	119.82	84.35
23	20.59	12.07	69	125.11	87.78
24	21.06	12.59	70	130.40	91.21
25	21.53	13.10	71	131.82	92.14
26	21.08	13.34	72	133.24	93.07
27	20.62	13.58	73	134.66	93.99
28	20.17	13.82	74	134.66	93.99
29	19.71	14.06	75	137.50	95.85
30	19.26	14.30	76	154.34	105.29
31	20.17	15.28	77	171.18	114.73
32	21.08	16.27	78	188.02	124.18
33	22.00	17.25	79	204.86	133.62
34	22.91	18.24	80	221.70	143.06
35	23.82	19.22	81	232.25	151.45
36	24.63	19.79	82	242.80	159.84
37	25.44	20.37	83	253.35	168.22
38	26.26	20.94	84	263.90	176.61
39	27.07	21.52	85	274.45	185.00
40	27.88	22.09	86	283.31	192.39
41	30.35	23.91	87	292.17	199.78
42	32.82	25.73	88	301.04	207.17
43	35.28	27.55	89	309.90	214.56
44	37.75	29.37	90	318.76	221.95
45	40.22	31.19			

Modal Premium	**Premium Factor**
Annual	1.000
Semi-Annual	.52
Quarterly	.275
EFT Monthly	.09

Example: Conversion of $10,000 Group Life for a 35-year old male to $10,000 Whole Life Plan payable semiannually:

Example:
Table Rate **X** # of thousands to be Converted + policy fee of 90.00 **X** Premium Factor = **Modal Premium**

[($23.82 x 10.000) + $90.00] x .52 = $170.66

Your Calculations:
Table Rate **X** # of thousands to be Converted + policy fee of 90.00 **X** Premium Factor = **Modal Premium**

[(_____ x _____) + $90.0] x ___ = ______

EFT Authorization

If you wish to be billed through your financial institution, please complete the following authorization:

I authorize MedMutual Life Insurance Company to initiate premium deductions from my account. The authorization will remain in effect until MedMutual Life Insurance Company and my financial institution have received written notification from me within a reasonable time period to allow termination of the deduction.

Premiums are to be deducted from : ☐ Checking ☐ Savings
(Please note: Not all Financial Institutions allow deductions from savings account. Please verify this information with your financial institution.)

Name and branch of bank/financial institution

Address

City State Zip

Account Holder's Signature

Account Number

Account Holder's Name

Transit Routing Number

Date

Please attach a voided check for checking account for a deposit slip for savings account in order for our office to verify the bank information.