

MAIL TO: **MEDICAL LIFE INSURANCE COMPANY**
 Administrative Offices
 P.O. Box 655403
 Dallas, TX 75265-5403

**APPLICATION TO CONVERT
 GROUP LIFE INSURANCE**

Upon leaving your employment or otherwise becoming ineligible for group insurance, you are eligible to convert your Group Life Insurance coverage to an individual non-participating Whole Life Insurance policy. This can be done at the regular rate for your attained age, regardless of your physical condition, provided you apply for the change within 31 days of the date your group insurance terminates.

For information about the maximum amount you may convert, see either your certificate or group policy.

To apply:

1. Complete Part 2 of this conversion application. Be sure your Employer has completed Part 1. Premium rates and instructions for figuring your premium are shown on the reverse side.
2. Mail the completed application **together with your check or money order** for the first modal premium within 31 days to the above address. Note that the applicable premium is determined by your **nearest birthday age** on the date that your group insurance eligibility terminates.

Part 1: TO BE COMPLETED BY EMPLOYER			Group Number	Reason for Termination
Date Employment Term'd.	Date Coverage Terminated	Last Actual Day of Work	Amount of Group Insurance	<input type="checkbox"/> Termination of employment or membership in eligible class <input type="checkbox"/> Termination of Group Policy and Date Term'd. _____ <input type="checkbox"/> Disability <input type="checkbox"/> Other (Specify) _____
Name of Employer Providing Group Policy		Annual Salary \$	Insurance Class	
Signature of Person Authorized to Certify for Group Policyholder		Telephone Number ()	Date Signed	

Part 2: TO BE COMPLETED BY INSURED Please type or print with ball point pen

In accordance with and subject to all the terms and conditions of the conversion privilege contained therein, I make application to convert my life insurance under said Group Policy to an individual policy, to be issued in accordance with the following request and statements of fact.

NAME IN FULL		SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ()	GROUP POLICY NO.
RESIDENT ADDRESS				
STREET		CITY	STATE	ZIP CODE
SEX	DATE OF BIRTH	AGE NEAREST BIRTHDAY	STATE OF BIRTH	PRESENT OCCUPATION
AMOUNT OF INSURANCE TO BE CONVERTED		PREMIUM MODE <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly	First full modal premium must be submitted with application Premium Enclosed \$ _____	Automatic Premium Loan Provision Desired? (at no extra cost) <input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY DESIGNATION					
FIRST NAME	LAST NAME	ADDRESS	SOCIAL SECURITY NO.	DATE OF BIRTH	RELATIONSHIP
Primary				MO / DAY / YEAR	
Secondary				MO / DAY / YEAR	

If more space is needed 1) use extra paper 2) mark above "See Attached" 3) attachment MUST be signed and dated by Policy Owner.

Is the owner to be other than the insured? <input type="checkbox"/> Yes <input type="checkbox"/> No First Name Initial Last Name Relationship	Is the right to change the Beneficiary reserved to the Owner? <input type="checkbox"/> Yes <input type="checkbox"/> No This question must be checked "Yes" if Owner is to have the right to borrow, assign, surrender, change the Beneficiary, and exercise all other rights contained in the contract without the written consent of the Beneficiary. Unless otherwise indicated, the right to change the Beneficiary is reserved to the Owner. Address of Owner, if other than Insured: No. & Street City State ZIP Code
The Owner is the person who has the right to borrow, assign, surrender and exercise all other rights contained in the contract. If no other Owner is designated, the Insured shall be the Owner.	

I have read the above questions and answers and hereby declare that they are complete and true, to the best of my knowledge and belief, and I agree that this application shall form a part of any policy issued. I further agree that while my eligibility to convert under the terms of the above Group Insurance Policy is being determined, the Company may deposit the payment submitted with this application. If I am not eligible to convert my Group Insurance, the sole obligation of the Company shall be to refund the above payment.

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 FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS 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 100 or death, whichever occurs first. You may convert the full amount of group insurance or any amount down to \$2,000, our minimum issue.

To calculate your premium, 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 and add an \$8.00 policy fee. Then multiply the basic annual premium by the desired premium mode factor for your premium payment.

(*) **Note:** Rates are calculated on attained age, not calendar age. If your next birthday is **less** than 7 months after your Group Insurance termination date, add one year to your calendar age to compute premium. If your next birthday is **more** than 7 months from this date, use your present age.

AGE NEAREST BIRTHDAY	ANNUAL PREMIUMS PER THOUSAND	
	MALE	FEMALE
18	10.60	9.70
19	10.92	9.99
20	11.26	10.30
21	11.61	10.60
22	11.97	10.92
23	12.34	11.26
24	12.74	11.61
25	13.15	11.97
26	13.60	12.34
27	14.07	12.74
28	14.55	13.15
29	15.07	13.60
30	15.60	14.07
31	16.16	14.55
32	16.75	15.07
33	17.38	15.60
34	18.04	16.16
35	18.74	16.75
36	19.47	17.38
37	20.24	18.04
38	21.05	18.74
39	21.91	19.47
40	22.84	20.24
41	23.78	21.05
42	24.77	21.91
43	25.83	22.84
44	26.94	23.78
45	28.12	24.77
46	29.38	25.83
47	30.27	26.94
48	32.15	28.12
49	33.66	29.38
50	35.24	30.72
51	36.94	32.15
52	38.73	33.66
53	40.63	35.24
54	42.65	36.94
55	44.78	38.73
56	47.04	40.63
57	49.43	42.65
58	51.98	44.78
59	54.67	47.04
60	57.63	49.43
61	60.58	51.98
62	63.80	54.67
63	67.23	57.53
64	70.87	60.58
65	74.73	63.80
66	78.84	67.23
67	83.17	70.87
68	87.75	74.73
69	92.58	78.84
70	97.68	83.17
71	103.07	87.75
72	108.79	92.58
73	114.92	97.68
74	121.50	103.07
75	128.56	108.79
76	135.73	114.89
77	143.38	121.46
78	151.56	128.56
79	160.33	136.31
80	169.77	144.72

(<input checked="" type="checkbox"/>)	Mode Desired	Premium Factor
()	Annual	1.000
()	Semi-Annual530
()	Quarterly265

Example

Conversion of \$10,000 Group Life for a 45 year old male to \$10,000 Whole Life Plan payable quarterly:

$$\begin{aligned}
 \$ 28.12 \times 10.000 + \$8.00 &= 289.20 \text{ base annual premium} \\
 \$289.20 \times .265 &= 76.64 \text{ quarterly premium to be submitted}
 \end{aligned}$$

Your Calculations

Table Rate	x	# of Thousands To Be Converted	+	Policy Fee	=	Base Annual Premium
_____	x	_____	+	\$8.00	=	\$ _____

Base Annual Premium	x	Premium Mode Factor	=	Modal Premium
_____	x	_____	=	\$ _____ (Enclose this amount with your application)

**For clarification, contact
 MEDICAL LIFE INSURANCE COMPANY
 12170 Abrams Road • Dallas TX 75243**

1-800-778-2281