

# Conversion Request Form

## Plan Administration Ltd

When finished filling out this form in its entirety please fax back to  
Plan Administration at 860-272-1136

Group Name \_\_\_\_\_ Policy # \_\_\_\_\_

Date Employment Terminated \_\_\_\_\_

Employee Name \_\_\_\_\_

Employees Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employees Social Security Number \_\_\_\_\_

Employees Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Smoker \_\_\_\_\_ Non-Smoker \_\_\_\_\_

Employees Benefit Amount \_\_\_\_\_