



SECURITY MUTUAL LIFE
 INSURANCE COMPANY OF NEW YORK
 SECURITY MUTUAL BUILDING • 100 COURT STREET
 P.O. BOX 1625 • BINGHAMTON, NY 13902-1625 • (607) 723-3551

NOTICE OF CONVERSION PRIVILEGE

To: _____
 (Name)

 (Policy No.) _____
 (Certificate No.) \$ _____
 (Amt. Life Ins.) _____
 (Effective Date) _____
 (Date of Notice)

Your group life insurance was terminated (or reduced by \$ _____) as of _____
 month day year

You are hereby notified that the above policy contains a conversion privilege which will permit you, if eligible, to convert your group life insurance to the extent therein provided, to an individual policy of life insurance.

Application forms and premium rates may be obtained by completing the applicable sections on the back of this form and mailing at once to:

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
 GROUP DEPARTMENT
 P.O. BOX 1625
 BINGHAMTON, NEW YORK 13902

Under the conversion privilege you are required to make written application for an individual policy and pay the first premium within:

- (a) 31 days from the date of termination (or reduction) shown above, or
- (b) 15 days from the date of this notice, whichever is later, provided however, that if this notice is not given within 90 days after the date of termination (or reduction), the time allowed for exercising the conversion privilege shall expire at the end of such 90 days.

Please refer to your Certificate for additional information about your conversion privilege.

Signed _____

 (Name of Employer)

Date: _____

Note to Employer: Please indicate reason for termination of group insurance:

- Termination of employment.
- Termination of membership in class eligible for insurance.
- Voluntary discontinuance of required premium contributions by employee.

I am interested in making application under the conversion privilege for an individual life insurance policy.

The following information should be furnished:

Full Name: _____

Date of Birth: month _____ day _____ year _____

Male _____ Female _____

Home Address: _____

Home Phone: () _____

(Employee Signature)

(Date Signed)

**THIS IS NOT AN APPLICATION
PLEASE DO NOT SEND ANY MONEY WITH THIS FORM.**