



**AMERICAN  
GENERAL**

**Request for Conversion to a Group  
Term Life Insurance Plan**

The United States Life Insurance Company in the City of New York

New York, New York

A Member of American International Group, Inc.

Attn: Group Administration 3-A, 3600 Route 66, P.O. Box 1583, Neptune, NJ 07754-1583

**PLEASE PRINT OR TYPE ALL INFORMATION REQUESTED. COMPLETE IN FULL AND PROVIDE ALL NECESSARY SIGNATURES. SEE REVERSE FOR COMPLETE INSTRUCTIONS.**

1. Group policy no. V- \_\_\_\_\_ 2. Issued to \_\_\_\_\_  
NAME OF EMPLOYER

3. Employee's full name \_\_\_\_\_  
FIRST MIDDLE LAST SOCIAL SECURITY #

Employee's date of birth \_\_\_\_\_ Amount of Insurance to be converted \_\_\_\_\_  
MO. DAY YEAR

Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

4. Spouse's full name \_\_\_\_\_  
FIRST MIDDLE LAST SOCIAL SECURITY #

Spouse's date of birth \_\_\_\_\_ Amount of Insurance to be converted \_\_\_\_\_  
MO. DAY YEAR

Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

5. Eligible dependent children to be converted?  Yes  No

6. Employee's billing address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

7. Date employee's employment terminated \_\_\_\_\_  
MO. DAY YEAR

8. Reason for termination of employment \_\_\_\_\_

If termination is due to disability, what is the disabling medical condition? \_\_\_\_\_

9. Select one billing mode:  Annual  Semiannual  Quarterly

The applicable billing fees are:

- Annual = \$25 per bill (\$25 per year)
- Semiannual = \$20 per bill (\$40 per year)
- Quarterly = \$15 per bill (\$60 per year)

10. To determine amount of premium check to be sent in with request, use rates on reverse side and calculate as follows:

		Employee	Spouse	Children	Billing Fee	Total				
Annual	= <u>Insured's monthly premium</u>	x 12 = \$ _____	+ \$ _____	+ \$ _____	+ \$25.00	= \$ _____				
Semiannual	= <u>Insured's monthly premium</u>	x 6 = \$ _____	+ \$ _____	+ \$ _____	+ \$20.00	= \$ _____				
Quarterly	= <u>Insured's monthly premium</u>	x 3 = \$ _____	+ \$ _____	+ \$ _____	+ \$15.00	= \$ _____				

**YOUR CHECK TOTALLING THE FIRST FULL PREMIUM FOR MODE SELECTED, FOR EACH INSURED, PLUS THE APPROPRIATE BILLING FEE MUST ACCOMPANY THIS REQUEST.**

Signature of employee \_\_\_\_\_ Date signed \_\_\_\_\_

Signature of spouse \_\_\_\_\_ Date signed \_\_\_\_\_

**THIS SECTION MUST BE COMPLETED BY YOUR EMPLOYER**

I verify the following:

Current amount of coverage for employee \$ \_\_\_\_\_ Monthly premium \$ \_\_\_\_\_

Current amount of coverage for spouse \$ \_\_\_\_\_ Monthly premium \$ \_\_\_\_\_

Current amount of coverage for children \$ \_\_\_\_\_ Monthly premium \$ \_\_\_\_\_

Premium is paid through \_\_\_\_\_  
MO. DAY YEAR

SIGNATURE OF EMPLOYER REPRESENTATIVE

DATE SIGNED

**INSTRUCTIONS FOR COMPLETING THE REQUEST FOR CONVERSION TO A GROUP TERM LIFE INSURANCE PLAN**

1. You are eligible to continue your term coverage after termination of employment if so stated in your certificate of insurance (See page E-2). Your lawful spouse and eligible dependent children are also eligible to continue their coverage, if any. You must apply within 45 days of your termination date. You and your spouse must be under age 70 and your children must be under the limiting age for dependent children. If you or your spouse are age 70 or older, conversion to an individual, whole life policy is available.
2. Be sure to fill this form out completely and obtain the appropriate signatures. You must obtain a signature from a representative of your employer and submit a COPY of your approved application or a copy of the letter showing your approved amount. Keep a copy for your records.
3. Submit a check for the appropriate premium plus the billing fee. Your request will not be processed without the appropriate check.

**Monthly Rate per  
\$1,000 of Life Insurance\***

<b>Attained Age of Insured</b>	<b>Employees and Spouses</b>
Less than 35	\$ .15
35—39	.28
40—44	.50
45—49	.83
50—54	1.40
55—59	2.21
60—64	3.51
65—69	6.14

**\*The above rates are not guaranteed and are subject to change at the discretion of The United States Life Insurance Company.**

<b>EXAMPLE:</b>	Monthly rate per	\$1,000	x	Approved coverage	x	Annual mode.	
Age 35—39	Employee	\$ .28	x	\$ 100,000	x	12	= \$ 336.00
	Spouse	\$ .28	x	\$ 50,000	x	12	= \$ 168.00
	Children = \$.75 per \$2,500 unit		x 4 units	(\$10,000)	x	12	= \$ 90.00
	Billing fee is charged per family.			Billing Fee			= \$ 25.00
				Total			= \$ 619.00

4. You will receive a billing statement as soon as your request is processed.
5. At attainment age 70 (or any time before that) you and your spouse will have the right to convert to an individual, whole life policy. At attainment of the limiting age for dependent children, they will have the right to convert to an individual, whole life policy.
6. If you or your spouse wish to change your beneficiary at this time, ask your employer for a change of beneficiary form (00302201-1141) and send it in with this request.
7. Mail this request to:
  - The United States Life Insurance Company
  - Attn: Group Administration 3-A
  - 3600 Route 66
  - P.O. Box 1583
  - Neptune, NJ 07754-1583