



CONVERTING YOUR GROUP LIFE INSURANCE (INSTRUCTIONS AND APPLICATION)

When your group life insurance coverage ends because of termination of employment or cessation of membership in an eligible class, you are entitled to have an individual policy of life insurance issued to you, without evidence of insurability, provided that written application and payment of the first premium is made to Liberty Life Assurance Company of Boston (“the Company”) at its Administrative Office within 31 days after the termination of your group life insurance. The amount of insurance that may be provided under the individual policy may not exceed the amount for which you were insured under the group policy. The individual policy shall be on a form customarily issued by the Company except that term insurance or other supplementary benefits will not be provided unless required by law.

HOW TO APPLY:

EMPLOYER: As soon as you learn that an employee’s employment will cease or that he or she or a dependent will no longer be within an eligible class, complete the section captioned TO BE COMPLETED BY EMPLOYER on back side of this folder and give it to the employee – *do not wait until termination of the group life insurance coverage!*

EMPLOYEE (or Dependent):

1. Complete CONVERSION APPLICATION contained in this folder – note these special instructions:

Item 8. Amount of insurance to be converted: May be equal to, or less than, the amount of group life insurance terminated (see Employer’s item 4. on back page of this folder);

Item 10. What is the premium payment plan?: Refer to applicable PREMIUM TABLE on the reverse side of this page.

Item 11. Amount of premium submitted with this application: Enter the premium charge for the amount of life insurance selected under the payment plan selected based on your age on the 31st day after your group life insurance ceases.

You must calculate your premium charge – using the applicable table locate your age, follow across that line to the payment plan you select, to locate the per \$1,000 charge. Calculate the installment premium by multiplying the Charge Per \$1,000 times the Number of 1,000’s in the Amount of Insurance selected and adding the applicable policy fee (see Examples of premium calculations for guidance).

2. Be sure application is signed, dated, and witnessed. Detach application and to it attach your check for the amount shown in item 11.
3. Mail application and check to the Administrative Office no later than *31 days after termination of your group life insurance.*
Mail to: LIBERTY LIFE ASSURANCE COMPANY OF BOSTON, P.O. Box 7146, Portland ME 04112, Attn: Group Insurance Department.

WHOLE LIFE PREMIUM TABLES & CALCULATIONS

PREMIUM TABLES

WHOLE LIFE PREMIUM PER \$1,000.							
A G E	ANNUAL RATE	SEMI- ANNUAL RATE	QUAR- TERLY RATE	A G E	ANNUAL RATE	SEMI- ANNUAL RATE	QUAR- TERLY RATE
0	5.72	2.97	1.52	45	24.43	12.70	6.47
1	5.78	3.01	1.53	46	26.09	13.57	6.91
2	5.83	3.03	1.54	47	27.76	14.44	7.36
3	5.89	3.06	1.56	48	29.42	15.30	7.80
4	5.94	3.09	1.57	49	31.08	16.16	8.24
5	6.00	3.12	1.59	50	32.75	17.03	8.68
6	6.14	3.19	1.63	51	34.41	17.89	9.12
7	6.29	3.27	1.67	52	36.07	18.76	9.56
8	6.43	3.34	1.70	53	37.73	19.62	10.00
9	6.58	3.42	1.74	54	39.40	20.49	10.44
10	6.72	3.49	1.78	55	41.06	21.35	10.88
11	6.92	3.60	1.83	56	42.91	22.31	11.37
12	7.12	3.70	1.89	57	44.75	23.27	11.86
13	7.32	3.81	1.94	58	46.60	24.23	12.35
14	7.52	3.91	1.99	59	48.44	25.19	12.84
15	7.72	4.01	2.05	60	50.29	26.15	13.33
16	7.92	4.12	2.10	61	53.64	27.89	14.21
17	8.12	4.22	2.15	62	56.98	29.63	15.10
18	7.81	4.06	2.07	63	60.32	31.37	15.98
19	8.06	4.19	2.14	64	63.66	33.10	16.87
20	8.30	4.32	2.20	65	67.01	34.85	17.76
21	8.55	4.45	2.27	66	73.79	38.37	19.55
22	8.80	4.58	2.33	67	80.58	41.90	21.35
23	9.05	4.71	2.40	68	87.35	45.42	23.15
24	9.29	4.83	2.46	69	94.14	48.95	24.95
25	9.54	4.96	2.53	70	100.92	52.48	26.74
26	10.09	5.25	2.67	71	107.71	56.01	28.54
27	10.63	5.53	2.82	72	114.49	59.53	30.34
28	11.18	5.81	2.96	73	121.27	63.06	32.14
29	11.73	6.10	3.11	74	128.05	66.59	33.93
30	12.28	6.39	3.25	75	134.84	70.12	35.73
31	12.82	6.67	3.40	76	141.62	73.64	37.53
32	13.37	6.95	3.54	77	148.41	77.17	39.33
33	13.92	7.24	3.69	78	155.18	80.69	41.12
34	14.46	7.52	3.83	79	161.97	84.22	42.92
35	15.01	7.81	3.98	80	168.75	87.75	44.72
36	15.95	8.29	4.23				
37	16.89	8.78	4.48				
38	17.84	9.28	4.73				
39	18.78	9.77	4.98				
40	19.72	10.25	5.23				
41	20.66	10.74	5.47				
42	21.60	11.23	5.72				
43	22.55	11.73	5.98				
44	23.49	12.21	6.22				

POLICY FEE REQUIREMENT

The policy fee payable with each premium is:
 \$50.00 annually \$26.00 semi-annually \$13.25 quarterly

EXAMPLES OF PREMIUM CALCULATIONS

Age.....	30	Age.....	25
Payment Plan.....	Quarterly	Payment Plan.....	Annually
Amount of Insurance.....	\$ 2,500.	Amount of Insurance.....	\$ 1,000.
Table Rate Per \$1,000.....	\$ 3.25	Table Rate Per \$1,000.....	\$ 9.54
Calculation.....	\$ 3.25	Calculation.....	\$ 9.54
	$\times \frac{2.5}{1.0}$		$\times \frac{1.0}{1.0}$
	\$ 8.13		\$ 9.54
Plus Policy Fee.....	+ 13.25	Plus Policy Fee.....	+ 50.00
Total Premium Charge.....	\$ 21.38	Total Premium Charge.....	\$ 59.54

YOUR PREMIUM CALCULATION

Age.....(a)
	(See Page 1, Item 11.)
Payment Plan.....(b)
Amount of Insurance.....(c)
Table Rate Per \$1,000.....(d)
Amount of Insurance in Units of 1,000.....(e)
(d) x (e).....(f)
Policy Fee.....(g)
Total Premium Charge Per Payment - (f) + (g).....(h)

Submit your check
in this amount



CONVERSION APPLICATION

I apply to **LIBERTY LIFE ASSURANCE COMPANY OF BOSTON**, 175 Berkeley Street, Boston, Mass. 02117 for an individual insurance policy on my life. I have the right to apply by the terms of Group Life Policy No. _____ issued to _____

(Name of Group Policyholder)

1. Proposed Insured: _____
Mr., Mrs., Miss First Middle Last

2. Residence: _____
Street City State Zip Code

3. Date of Birth: _____ 4. Sex: Male Female 5. Social Security No.: _____
Mo. Day Yr.

6. Date when person ceased to be eligible for the group insurance: _____
Mo. Day Yr.

7. (Employee Only) What was person's job with the above Employer? _____

8. Amount of insurance to be converted: \$ _____	9. Plan of Insurance: WHOLE LIFE (Term insurance is not offered)																
10. What is the premium payment plan? Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/>	11. Amount of premium submitted with this application: \$ _____ (This must be the first full premium)																
12. Primary Beneficiary: (See the reverse side) <table border="0"> <tr> <td>First Name</td> <td>Initial</td> <td>Last Name</td> <td>Relationship</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	First Name	Initial	Last Name	Relationship					Contingent Beneficiary: (See the reverse side) <table border="0"> <tr> <td>First Name</td> <td>Initial</td> <td>Last Name</td> <td>Relationship</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	First Name	Initial	Last Name	Relationship				
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First Name	Initial	Last Name	Relationship														

13. Additional Instructions:

I have read the above questions and answers. I declare that they are complete and true to the best of my knowledge and belief. I agree that this application will form a part of any policy issued.

Dated at _____ on _____ 20____
City and State Month Day Year

 Witness (must be someone other than Beneficiary)

 Signature of Applicant

 Signature of Proposed Insured if other than Applicant

TO BE COMPLETED BY EMPLOYER

1. Name of Person
Eligible to Convert: _____ Date of Birth: _____ Sex: _____
(Mo. Day Yr.)
2. Date Employment or Eligibility Ceased: _____
3. Date Group Life Insurance Ceased*: _____
4. Amount of Person's Group Life Insurance which is terminated: \$ _____
5. Date this Person was first Insured under the Group Life Policy: _____
6. Reason for Termination of Person's Group Life Insurance:
- Employment terminated or membership in an eligible class terminated
 - Group Policy terminated or class of eligible persons terminated
Person no longer dependent because:
 - Employee deceased
 - Child attained limiting age
 - Divorce or Legal Separation from Insured
 - Child no longer dependent due to marriage, etc.
7. Name of Employer: _____ Group Policy No.: _____

Signature of Employer's Representative: _____

Date: _____
(Month Day Year)

**Effective date of the Life Conversion Policy will be the 31st day following this date, provided all requirements are met.*

INFORMATION ABOUT BENEFICIARIES

The person(s) designated as Beneficiary on the application will receive the insurance benefits upon the death of the Insured.

You may name more than one Primary Beneficiary if you wish. All Primary Beneficiaries will share equally in the insurance benefits unless otherwise indicated.

You may name a Contingent Beneficiary who will receive the benefits if the Primary Beneficiary should die before you. If more than one Contingent Beneficiary is named, all Contingent Beneficiaries will share equally unless otherwise indicated.

When naming Beneficiaries, please follow this example:

- a. PRIMARY BENEFICIARY: Mary J. Doe, Wife
- b. CONTINGENT BENEFICIARY: John P. Doe, Son

NOTE: If a Beneficiary is a married woman, use her *given* name; for example, "Mary J. Doe" and not "Mrs. John Doe".

If a beneficiary is not related to you, use the term "no relation" and enter the Beneficiary's address in Question 13.