



Turning promise into practice™

## Conversion

### You can convert your term life insurance.

When you terminate employment or insurance eligibility, or you retire, you have options available regarding your current group term life insurance.

During the 31 days immediately following termination of your coverage, you may convert your current term coverage to Guaranteed Cost Whole Life Insurance, which is a cash value policy.

This conversion feature can help meet your needs if you want a level premium policy and benefit that will build cash value. The individual policy face amount can be up to the amount of life insurance coverage you are currently paying for under your plan, which normally would be discontinued at termination. The converted policy is issued at Aetna's regular rate for that policy, and a medical examination is not required.

If you'd like to convert your policy, let us know today.

*Note: If you select this option, your premium rate will be different than the rate you paid for coverage as an active employee.*

**Remember: You only have 31 days from the date of your termination of coverage to respond.**

Just fill in the enclosed Request for Conversion of Group Term Life Insurance Form (#GR-66109) and return it to us in the envelope provided. If you are a New York or West Virginia resident, please use Form (#GR-66108). If you are a Colorado resident, please use Form (#GR-66109-7).

For additional information please contact 1(800) 523-5065



# Application for Conversion of Group Term Life Insurance

Aetna Life Insurance Company

**Application and payment of the first premium must be made within the time limit shown in your certificate or policy.**

### BRIEF DESCRIPTION OF CONVERSION PRIVILEGE

Subject to the terms of the Group Policy (as described in your group insurance certificate): (1) you may apply for an individual insurance policy in conversion of your Group Term Life Insurance and (2) the individual policy may be for the same amount which you are losing by termination of your insurance under the Group Policy, or for a lesser amount, depending upon the circumstances of the termination. Amounts previously received by you under the Group Policy are not eligible for conversion.

**No medical examination is required, but application and payment of the first premium must be made within 31 days of the date your Group Term Life Insurance terminates. Note that the converted policy may have different terms and conditions than the Group Term Life Insurance plan. It may contain exclusions, or exclusions different from those in the group policy.**

Premiums may be paid annually, semi-annually, or quarterly by direct bill; or monthly by Aetna's Automatic Check Plan (ACP). Premiums may be paid other than annually only if the periodic premium is at least \$15.

### NOTICE OF ELIGIBILITY STATEMENT (TO BE COMPLETED BY THE EMPLOYER)

1. Name of Employer.....
2. Group Policy (Control) Number or Employee Policy Number.....
3. Suffix and Account Number (example 12-345).....
4. Name of Employee.....
5. Employee Social Security Number.....
6. a. Date coverage began (fill in date): Basic Life \_\_\_\_\_ Supp Life \_\_\_\_\_  
 b. If insured for Supplemental Life insurance, date of last increase, (fill in date or if not applicable, write N/A).....
7. a. Date employment or eligibility terminated.....  
 b. If totally disabled at this time, please state specific cause .....  
 c. Last day worked if other than date in 7(a).....
8. a. Date Life insurance canceled (Do not include 31 day extended coverage period.) .....  
 b. Reason for cancellation of coverage.....
9. a. Amount of insurance canceled: Basic Life \_\_\_\_\_ Supp Life \_\_\_\_\_ Total.....  
 b. Amount of Life Insurance remaining in force (when insurance is reduced due to an age or retirement reduction rule or due to payment of an Accelerated Death Benefit).....
10. a. Date written notice of conversion right given to Employee (required in most states, strongly encouraged in others).....  
 b. If notice not furnished, show "None Given" and Why.....
11. Complete for Dependent Conversion  
 a. Name of Dependent.....  
 b. Amount of Dependent Insurance canceled: Life \_\_\_\_\_
12. Employee Home Telephone Number.....

Signature (Employer Authorized Representative)		Date
Address	Email Address	Telephone Number

### WHERE TO SEND YOUR APPLICATION

You should send your application and check or money order for the initial premium to: Aetna Life Insurance Company  
 Life Conversion Unit  
 151 Farmington Avenue  
 Hartford, CT 06156-1992

NOTE: Be sure the above NOTICE OF ELIGIBILITY STATEMENT has been completed by the employer.

NOTE: This folder shows premium rates for a non-participating permanent type life insurance plan. It is offered in accordance with the conversion privilege contained in the group policy. The premiums for this plan do not vary based on the sex of the applicant.

NOTE: The signature of the Proposed Insured (the person requesting to be insured) is required otherwise, the form will be returned.

NOTE: If other than the Proposed Insured is to be the Policy Owner, the person who will be the Policy Owner should sign the application as Applicant. (Where this occurs, use Section 7 "Additional Information" to designate a contingent Policy Owner.)



# Application for Conversion of Group Term Life Insurance

Aetna Life Insurance Company, Hartford, Connecticut 06156

I hereby apply for a policy of insurance upon my life in accordance with the provisions of Group Policy Number \_\_\_\_\_  
insuring my life as an employee of \_\_\_\_\_

1. Proposed Insured (Print Name - First, Initial, Last)*	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Telephone Number
2. Residence (Number, Street, City, County, State, Zip)		Social Security Number □□□ □□ □□□□	
3. Occupation when employment terminated. Full Details.			
4. a. Plan Preliminary Term Requested* *For NY/WV Residents Only		b. Amount of Insurance (Must not exceed amount of term insurance in effect less any previously paid Accelerated Death Benefit, when employment terminated.) Basic and/or Supp Life \$ _____	
c. Premium Payable <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> ACP/Monthly* *Complete Deduction form.		d. Make Automatic Premium Loan Provision operative, if available. <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Premium Notices to be sent <input type="checkbox"/> Insured at Residence <input type="checkbox"/> Other _____			
6. a. Beneficiary (NAME AND RELATIONSHIP TO PROPOSED INSURED) Primary _____ Contingent _____ Unless otherwise requested herein, payment is to be made to primary beneficiaries who survive the Insured, equally, or if none survives, to contingent beneficiaries who survive, equally, or if none survives, to Insured's estate.			
b. Policy Owner (Unless otherwise requested, Proposed Insured is to be Policy Owner.)			
7. Additional Information (Refer to specific question number.)			

IT IS MUTUALLY AGREED THAT: (1) the statements and answers made herein are complete and true to the best of my knowledge and belief; (2) issuance of the policy applied for shall be exchanged for all privileges and benefits with respect to the full amount of term insurance (minus any age or retirement reduction rule or Accelerated Death Benefit) on my life under the Group Policy; (3) I understand that the converted policy may have different terms and conditions than the Group Policy; (4) no person other than an officer of Aetna can make, modify, or discharge a contract or waive any of Aetna's rights or requirements.

Signed at \_\_\_\_\_ on \_\_\_\_\_  
(City, State) (Month-Day-Year)

X \_\_\_\_\_ X \_\_\_\_\_  
Signature of Proposed Insured\* (Signature of Applicant (if other than Proposed Insured)\*)

\*See page one for information regarding signatures and where to send your application.

\* If you are applying for coverage for your spouse and/or child in addition to yourself, make a copy of this application for that person.

### Misrepresentation

**Attention New York Residents:** 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 shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

**Attention West Virginia Residents:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

### HOME OFFICE USE ONLY

RECEIVED	INDIVIDUAL POLICY TO BE DATED	
Name	Group Control Number	SCD
Regular Group Life	Control/Suffix	Claim/Account
Pooled Group Life	Control/Suffix	Claim/Account

## PREMIUM RATES FOR THE NONPARTICIPATING WHOLE LIFE 100 PLAN

**Description:** Premium rates for your Life Insurance coverage are based upon your age (nearest birthday) when the policy takes effect and do not change thereafter.

The rates included in the tables below were appropriate for the plans at the time they were prepared. The rates are subject to change without notice. If you have any questions, want to confirm that the rates shown are the current rates or would like to know the rates for age 81 and up, call: **1-800-523-5065**.

If your Life Insurance coverage under this policy will be at least \$10,000, Tables 1 & 3 are used.

If your Life Insurance coverage under this policy will be less than \$10,000, Tables 1, 2, & 3 are used.

**TABLE 1 — BASIC PREMIUM RATES FOR EACH \$1,000 OF LIFE INSURANCE**

Age As of Your Nearest Birthday	Annual	Semi-Annual	Quarterly	ACP/ Monthly	Age As of Your Nearest Birthday	Annual	Semi- Annual	Quarterly	ACP/ Monthly
0-1	5.12	2.64	1.34	0.44	41	20.68	10.65	5.43	1.76
2	5.04	2.60	1.32	0.43	42	21.66	11.15	5.69	1.84
3	5.23	2.69	1.37	0.44	43	22.69	11.69	5.96	1.93
4	5.43	2.80	1.43	0.46	44	23.77	12.24	6.24	2.02
5	5.64	2.90	1.48	0.48	45	24.89	12.82	6.53	2.12
6	5.85	3.01	1.54	0.50	46	26.06	13.42	6.84	2.22
7	6.07	3.13	1.59	0.52	47	27.29	14.05	7.16	2.32
8	6.30	3.24	1.65	0.54	48	28.57	14.71	7.50	2.43
9	6.54	3.37	1.72	0.56	49	29.91	15.40	7.85	2.54
10	6.80	3.50	1.79	0.58	50	31.31	16.12	8.22	2.66
11	7.07	3.64	1.86	0.60	51	32.80	16.89	8.61	2.79
12	7.34	3.78	1.93	0.62	52	34.36	17.70	9.02	2.92
13	7.61	3.92	2.00	0.65	53	36.00	18.54	9.45	3.06
14	7.88	4.06	2.07	0.67	54	37.74	19.44	9.91	3.21
15	8.16	4.20	2.14	0.69	55	39.59	20.39	10.39	3.37
16	8.45	4.35	2.22	0.72	56	41.54	21.39	10.90	3.53
17	8.75	4.51	2.30	0.74	57	43.61	22.46	11.45	3.71
18	9.04	4.66	2.37	0.77	58	45.81	23.59	12.03	3.89
19	9.34	4.81	2.45	0.79	59	48.13	24.79	12.63	4.09
20	9.64	4.96	2.53	0.82	60	50.59	26.05	13.28	4.30
21	10.01	5.16	2.63	0.85	61	53.18	27.39	13.96	4.52
22	10.33	5.32	2.71	0.88	62	55.94	28.81	14.68	4.75
23	10.66	5.49	2.80	0.91	63	58.88	30.32	15.46	5.00
24	11.02	5.68	2.89	0.94	64	61.98	31.92	16.27	5.27
25	11.40	5.87	2.99	0.97	65	65.29	33.62	17.14	5.55
26	11.79	6.07	3.09	1.00	66	68.80	35.43	18.06	5.85
27	12.19	6.28	3.20	1.04	67	72.53	37.35	19.04	6.17
28	12.60	6.49	3.31	1.07	68	76.47	39.38	20.07	6.50
29	13.02	6.71	3.42	1.11	69	80.62	41.52	21.16	6.85
30	13.46	6.93	3.53	1.14	70	85.01	43.78	22.32	7.23
31	13.90	7.16	3.65	1.18	71	89.63	46.16	23.53	7.62
32	14.37	7.40	3.77	1.22	72	94.46	48.65	24.80	8.03
33	14.87	7.66	3.90	1.26	73	99.65	51.32	26.16	8.47
34	15.40	7.93	4.04	1.31	74	105.21	54.18	27.62	8.94
35	15.99	8.23	4.20	1.36	75	111.07	57.20	29.16	9.44
36	16.62	8.56	4.36	1.41	76	117.58	60.55	30.86	9.99
37	17.31	8.91	4.54	1.47	77	124.49	64.11	32.68	10.58
38	18.07	9.31	4.74	1.54	78	131.88	67.92	34.62	11.21
39	18.88	9.72	4.96	1.60	79	139.76	71.98	36.69	11.88
40	19.75	10.17	5.18	1.68	80	148.09	76.27	38.87	12.59

TABLE 2 — Annual Premium Surcharge		TABLE 3 — Policy Fee	
If the amount of your Life Insurance coverage under this Policy will be less than \$10,000: The annual rates shown in Table 1 are added to the surcharge shown below:			
If your Policy will be:	Annual Premium Surcharge	Annual	\$ 15.00
\$9,000 - 9,999	\$ 1.00	Semi-Annual	8.00
8,000 - 8,999	2.00	Quarterly	4.50
7,000 - 7,999	3.00	ACP/Monthly	2.00
6,000 - 6,999	4.00		
Less than \$6,000	5.00		

**NOTE:** To determine your premium, see page entitled "HOW TO CALCULATE YOUR PREMIUM."

### HOW TO CALCULATE YOUR PREMIUM FOR THE NONPARTICIPATING WHOLE LIFE 100 PLAN

**IF YOUR LIFE INSURANCE COVERAGE UNDER THIS POLICY WILL BE AT LEAST \$10,000**

All of the following premium modes (premium frequencies) are available to you if your policy will be at least \$10,000. Use Annual if you wish to pay your premiums annually, Semi-Annual if you wish to pay semi-annually, Quarterly if you wish to pay quarterly, or ACP/Monthly if you wish to pay monthly by Aetna's Automatic Check Plan.

**TO CALCULATE your cost estimate** use the appropriate age, policy amount, and selected premium mode.

**EXAMPLE OUTLINED BELOW:** AGE 40 - \$20,000 Policy - Annual Premium payments.

	EXAMPLE	OUR COST ESTIMATE
1. Enter the amount of insurance requested:	\$20,000	_____
2. Amount of insurance requested in #1 divided by 1,000 equals:	20	_____
3. From Table 1, enter premium rate which corresponds with your age and selected premium mode:	19.75	_____
4. Multiply #2 x #3:	395.00	_____
5. From Table 3, enter appropriate policy fee based on the selected premium mode:	15.00	_____
6. Add #4 + #5. This equals your periodic premium payment for the premium mode you selected:	\$410.00	_____

**IF YOUR LIFE INSURANCE COVERAGE UNDER THIS POLICY WILL BE LESS THAN \$10,000**

If you wish to pay your premiums Annually, omit steps #6 + #7. If you wish to pay your premiums Semi-Annually, Quarterly, or ACP/Monthly, include steps #6 + #7.

**TO CALCULATE your cost estimate** use the appropriate age and policy amount.

**EXAMPLE OUTLINED BELOW:** AGE 40 - \$8,500 Policy - **Semi-Annual** Premium payments.

	<b>EXAMPLE</b>	<b>OUR COST ESTIMATE</b>
1. Enter the amount of Life insurance requested:	\$8,500	_____
2. Amount of insurance requested in #1 divided by 1,000 equals:	8.5	_____
3. From Table 1, enter <b>Annual</b> premium rate (regardless of premium mode selected) that corresponds with your age:	19.75	_____
4. From Table 2, enter <b>Annual</b> Premium Surcharge based on the amount of your policy:	2.00	_____
5. Add #3 + #4. <i>If you wish to pay your premiums Annually, omit steps #6 &amp; #7.</i>	21.75	_____
6. If your premium is to be paid Semi-Annually, enter .5150 If your premium is to be paid Quarterly, enter .2625 If your premium is to be paid ACP/Monthly, enter .085	.5150	_____
7. Multiply #5 x #6:	11.20	_____
8. Multiply #2 x (#5 for Annual Payments) or (#7 for any other payment mode)	95.20	_____
9. From Table 3, enter appropriate policy fee based on the selected premium mode:	8.00	_____
10. Add #8 + #9. This equals your periodic premium payment for the mode selected	\$103.20	_____