



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 <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>									
3. Occupation when employment terminated. Full Details.											
4. a. Plan Whole Life Insurance		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 *Complete Deduction Form <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> ACP/Monthly*		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 _____		(NAME AND RELATIONSHIP TO PROPOSED INSURED) 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: The statements and answers made herein are complete and true to the best of my knowledge and belief. 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. I understand that the converted policy may have different terms and conditions than the Group Policy. 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 _____ (City, State) on _____ (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.

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

Misrepresentation

Any person who knowingly and with intent to: injure; defraud; or deceive 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 subjects such person to criminal and civil penalties.

Attention Arkansas, Louisiana and Massachusetts 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.

Attention California Residents: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Attention Colorado Residents: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include: imprisonment; fines; denial of insurance; and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Attention Florida Residents: Any person who knowingly and with intent to: injure; defraud; or deceive any insurer; files a statement of claim or an application containing any: false; incomplete; or misleading information; is guilty of a felony of the third degree.

Attention Kansas Residents: Any person who knowingly and with intent to: injure; defraud; or deceive any insurance company or other person: submits an enrollment form for insurance or statement of claim containing any materially false information; or conceals, for the purpose of misleading, information concerning any fact material thereto; may have violated state law.

Attention Kentucky 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 may subject such person to criminal and civil penalties.

Attention Maine and Tennessee Residents: It is a crime to knowingly provide: false; incomplete; or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include: imprisonment; fines; or denial of insurance benefits.

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

Attention New Jersey Residents: Any person who: includes any false or misleading information on an application for an insurance policy; or knowingly files a statement of claim containing any false or misleading information; is subject to criminal and civil penalties.

Attention North Carolina Residents: Any person who knowingly and with intent to: injure; defraud; or deceive 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 may be a crime and subjects such person to criminal and civil penalties.

Attention Ohio and Pennsylvania 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 subjects such person to criminal and civil penalties.

Attention Oklahoma Residents: WARNING: Any person who knowingly, and with intent to: injure; defraud; or deceive any insurer; makes any claim for the proceeds of an insurance policy containing any: false; incomplete; or misleading information; is guilty of a felony.

Attention Oregon Residents: Any person who with intent to: injure; defraud; or deceive any insurance company or other person: submits an enrollment form for insurance or statement of claim containing any materially false information; or conceals for the purpose of misleading, information concerning any fact material thereto; may have violated state law.

Attention Puerto Rico Residents: Any person who knowingly and with the intention to defraud: includes false information in an application for insurance or file; assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit; or files more than one claim for the same loss or damage; commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years; or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

Attention Vermont Residents: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Attention Virginia Residents: Any person who knowingly and with intent to: injure; defraud; or deceive 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 act, which is a crime and subjects such person to criminal and civil penalties.

Attention District of Columbia and Washington Residents: It is a crime to knowingly provide: false; incomplete; or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

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 “HOW TO CALCULATE YOUR PREMIUM.”

HOW TO CALCULATE YOUR PREMIUM FOR THE NONPARTICIPATING WHOLE LIFE 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.

	EXAMPLE	OUR COST ESTIMATE
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 Annual premium rate (regardless of premium mode selected) that corresponds with your age:	19.75	_____
4. From Table 2, enter Annual 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 & #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	_____