



# Application to Convert Group Life Insurance

3809 Lake Eastbrook Blvd, Grand Rapids, MI 49546 (800) 968-6327  
options@associatedmutual.org

Upon leaving your employment or otherwise becoming ineligible for group insurance, you are eligible to convert your Group Life Insurance with Associated Mutual to any individual plan that it presently writes except term insurance. This can be done at the regular rate for your attained age and regardless of your physical condition provided application for the change is received by the insurance company within 31 days from the last date worked or otherwise becoming ineligible. (Rates are shown on the reverse side.)

For information about your maximum convertible amount see either your certificate of group policy. To obtain your individual policy, you should do the following:

1. Complete Section 1 of this application.
2. Have your employer complete Section 2 of this application.
3. Mail the completed application within the time allowed with your check or money order for the first annual premium to the above address (premiums are shown on the reverse side).

In accordance with and subject to all the terms and conditions of the conversion privilege contained therein, I make application to convert my insurance under said Group Policy to an individual plan, such policy to be used in accordance with the following request and statement of fact:				
<b>SECTION 1 TO BE COMPLETED BY APPLICANT</b>				
Applicant's Name (Last, First, Middle Initial)		Gender M or F	Date of Birth / /	Insured Under Group Name/No. /
Address	City	State	Zip	Reason for Termination <input type="checkbox"/> Termination of Employment of Membership in Eligible Class <input type="checkbox"/> Termination of Group Policy <input type="checkbox"/> Termination Due to Disability Date of Disability: / / <input type="checkbox"/> Other (Specify)
Present Occupation		Telephone ( ) -		
Name of Employee (if Applicant is a Dependent)		Relationship to Employee		
Employee Social Security Number - -		Amount of Group Life Coverage \$		Last Date of Active Work
Amount of Group Life Coverage \$		Annual Premium \$		Automatic Premium Loan Provision Desired? <input type="checkbox"/> YES <input type="checkbox"/> NO (at no extra cost)
Primary Beneficiary			Relationship	
Contingent Beneficiary			Relationship	
If Beneficiary is Other than Relative, Give Address				
Any beneficiary designation in an individual policy issued pursuant to this application under the provisions of the section of the group policy entitled "Conversion" shall, if different from the designation for the group policy, be deemed notice of change of beneficiary for any claim presented under the section of the group policy entitled "Extension of Employee Term Life Insurance During Total Disability."				
Signed at (City) _____ State of _____ this _____ day of _____, 20____.				
Witnessed By: X			Signature of Applicant in Full: X	
<b>SECTION 2 TO BE COMPLETED BY EMPLOYER</b>				
Date Employee Last Worked / /	Employee Carried on Payroll Through / /	Date Group Policy Terminated / /	Group Life Insurance \$ \$	
Name of Employer Providing Group Policy			Group Number	
Employer's Address (City, State, Zip)			Telephone ( ) -	
Signature of Person Authorized to Certify for Group Policyholder X			Month / Day / Year / /	

**ANNUAL PREMIUM PER THOUSAND  
FOR WHOLE LIFE CONVERSION**

ISSUE AGE	GROSS PREMIUM
0	
1	\$8.10
2	\$8.33
3	\$8.59
4	\$8.85
5	\$9.14
6	\$9.45
7	\$10.13
8	\$10.51
9	\$10.91
10	\$11.33
11	\$11.76
12	\$12.21
13	\$12.65
14	\$13.10
15	\$13.54
16	\$13.99
17	\$14.44
18	\$14.91
19	\$15.39
20	\$15.90
21	\$16.43
22	\$17.01
23	\$17.65
24	\$18.28
25	\$18.98
26	\$19.74
27	\$20.54
28	\$21.40
29	\$22.32
30	\$23.29
31	\$24.33
32	\$25.42
33	\$26.58
34	\$27.81
35	\$29.12
36	\$30.49
37	\$31.95
38	\$33.49
39	\$35.11

ISSUE AGE	GROSS PREMIUM
40	\$36.83
41	\$38.64
42	\$40.56
43	\$42.59
44	\$44.74
45	\$47.02
46	\$49.44
47	\$52.01
48	\$54.76
49	\$57.69
50	\$60.81
51	\$64.14
52	\$67.69
53	\$71.46
54	\$75.47
55	\$79.74
56	\$84.30
57	\$89.18
58	\$94.42
59	\$100.06
60	\$106.13
61	\$112.64
62	\$119.64
63	\$127.14
64	\$135.16
65	\$143.78
66	\$153.05
67	\$163.07
68	\$173.97
69	\$185.82
70	\$198.71
71	\$212.66
72	\$227.65
73	\$243.63
74	\$260.57
75	\$278.50
76	\$297.53
77	\$317.91
78	\$339.97
79	\$364.00
80	\$390.22

To calculate your premium:

1. Find your age and the corresponding rate from the rate table above.
2. Multiply this rate by the number of thousand dollar increments of insurance you plan to convert, then divide by 1000.

EXAMPLE: Conversion of \$10,000 Group Life for a 45 year old to \$10,000 Whole Life at age 45 Plan.  
 $\$47.02 \times \$10,000 \div 1000 = \$470.20$  annual premium to be submitted.

PLEASE USE THE SPACE PROVIDED BELOW TO CALCULATE YOUR PREMIUM:

$$\frac{\text{RATE}}{\text{RATE}} \times \frac{\text{AMOUNT CONVERTING}}{\text{AMOUNT CONVERTING}} \div 1000 = \frac{\text{PREMIUM}^*}{\text{PREMIUM}^*}$$

\* SUBMIT CHECK OR MONEY ORDER FOR THIS AMOUNT

REMINDER: FAILURE TO SUBMIT YOUR CHECK OR MONEY ORDER FOR THE FIRST PREMIUM WITH THIS APPLICATION WILL RESULT IN PROCESSING DELAYS.