

**APPLICATION FOR CONVERSION OF
GROUP LIFE INSURANCE**

Upon becoming ineligible for group insurance, you may be eligible to convert all or part of your Group Life Insurance coverage to an Individual Whole Life Insurance policy regardless of any current health conditions. For information concerning your eligibility for conversion refer to your certificate.

To apply:

1. Complete Part 2 of this conversion application. Be sure your Employer has completed Part 1. Premium rates and instructions are shown on page 3.
2. Mail the completed application with your check or money order for the first premium to: [Consumers Life Insurance Company, 17800 Royalton Road, Strongsville, Ohio 44136-5149.]

PART 1: TO BE COMPLETED BY EMPLOYER			Group Number	Reason for Termination <input type="checkbox"/> Termination of employment or membership in eligible class <input type="checkbox"/> Termination of Group Policy and Date Term'd. _____ <input type="checkbox"/> Disability <input type="checkbox"/> Other (Specify) _____
Employer	Annual Salary	Insurance Class		
Date Employment Term'd	Date Coverage Terminated	Last Actual Day of Work	Total Amount of Group Insurance	
Does Applicant have:				
Basic Life?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$	_____	
Supplemental Life?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$	_____	
Dependent Child Life?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$	_____	
Signature of Employer Representative/Title		Telephone Number ()	Date Signed	

PART 2: TO BE COMPLETED BY INSURED

I hereby apply to convert my life insurance and affirm the following statements of fact:

NAME (Last, First, MI)	SOCIAL SECURITY or ID	TELEPHONE NUMBER ()	GROUP POLICY NO.
ADDRESS			
STREET	CITY	STATE	ZIP CODE
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH / /	LAST DATE OF ACTIVE WORK MO DAY YR	E-MAIL
PREMIUM PAYABLE: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> EFT Monthly*		First full premium must be submitted with application Premium Enclosed \$ _____	

1. Is the proposed owner intending to pay premiums with the assistance of financing from a lender that will use the policy as collateral to support the financing? No Yes Explain: _____
2. Do you have an arrangement in place, whether directly or indirectly, to transfer the ownership of the policy and/or the policy benefits to a third party? No Yes Explain: _____
3. Have you entered into any agreement or arrangement providing for the future sale of this life insurance policy? No Yes Explain: _____

COVERAGE SELECTION:						
Basic Coverage(s)	Total Amount of Coverage Applied for					
Basic Life <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____					
Dependent Life <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____					
Supplemental Life <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____					
BENEFICIARY DESIGNATION	Last Name	First Name	MI	Date of Birth	Relationship	Benefit %
(Primary)				/ /		
(Primary)				/ /		
(Contingent)				/ /		
(Contingent)				/ /		
<p>If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must be 100%.</p>						
<p>Is the owner to be other than the Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>						
Name of Owner, if other than Insured:						
Address of Owner, if other than Insured:						
Street Address	City	State	ZIP Code			
<p>The Owner is the person who may exercise all rights in the contract, e.g., assign, surrender, borrow. If no one is named, the Insured shall be the Owner.</p>						
<p>I declare that the information on this application is complete and true, to the best of my knowledge and belief. I agree that the Consumers Life Insurance Company may deposit the payment submitted with this application prior to approval of this application. If I am not eligible to convert my Group Insurance, the sole obligation of the Company shall be to refund any premiums paid.</p> <p>WARNING: 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 information concerning any fact material thereto, commits a fraudulent insurance act which may subject such person to criminal and civil penalties.</p>						
Signed At	_____	on	_____	_____	_____	_____
	<i>City and State</i>		<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Signature of Applicant</i>

						<i>Signature of Owner (Other than Insured)</i>

PREMIUM CALCULATION WORKSHEET

For Conversion from Group Life to Individual Whole Life Policy

Premiums are payable to age 120 or death, whichever occurs first. To calculate your premium, find your present age and the corresponding **table rate per \$1,000** from the columns below. Multiply this premium by the number of thousands of dollars of insurance you plan to convert. Then add a \$90.00 policy fee. Then multiply the sum of the premium and the policy fee by the premium factor to find your modal premium.

Age at Issue Date	Table rate per thousand		Age at Issue Date	Table rate per Thousand	
	Male	Female		Male	Female
0	4.50	4.00	46	41.10	32.36
1	4.74	4.05	47	41.98	33.52
2	4.99	4.10	48	42.86	34.69
3	5.23	4.16	49	43.74	35.85
4	5.48	4.21	50	44.62	37.02
5	5.72	4.26	51	47.54	39.15
6	6.37	4.59	52	50.46	41.27
7	7.02	4.93	53	53.37	43.40
8	7.66	5.26	54	56.29	45.52
9	8.31	5.60	55	59.21	47.65
10	8.96	5.93	56	62.32	49.57
11	10.27	6.43	57	65.43	51.49
12	11.58	6.93	58	68.54	53.42
13	12.88	7.44	59	71.65	55.34
14	14.19	7.94	60	74.76	57.26
15	15.50	8.44	61	80.60	60.62
16	16.24	8.86	62	86.44	63.98
17	16.97	9.28	63	92.28	67.33
18	17.71	9.69	64	98.12	70.69
19	18.44	10.11	65	103.96	74.05
20	19.18	10.53	66	109.25	77.48
21	19.65	11.04	67	114.54	80.91
22	20.12	11.56	68	119.82	84.35
23	20.59	12.07	69	125.11	87.78
24	21.06	12.59	70	130.40	91.21
25	21.53	13.10	71	131.82	92.14
26	21.08	13.34	72	133.24	93.07
27	20.62	13.58	73	134.66	93.99
28	20.17	13.82	74	134.66	93.99
29	19.71	14.06	75	137.50	95.85
30	19.26	14.30	76	154.34	105.29
31	20.17	15.28	77	171.18	114.73
32	21.08	16.27	78	188.02	124.18
33	22.00	17.25	79	204.86	133.62
34	22.91	18.24	80	221.70	143.06
35	23.82	19.22	81	232.25	151.45
36	24.63	19.79	82	242.80	159.84
37	25.44	20.37	83	253.35	168.22
38	26.26	20.94	84	263.90	176.61
39	27.07	21.52	85	274.45	185.00
40	27.88	22.09	86	283.31	192.39
41	30.35	23.91	87	292.17	199.78
42	32.82	25.73	88	301.04	207.17
43	35.28	27.55	89	309.90	214.56
44	37.75	29.37	90	318.76	221.95
45	40.22	31.19			

Modal Premium	Premium Factor
Annual	1.000
Semi-Annual52
Quarterly275
EFT Monthly09

Example: Conversion of \$10,000 Group Life for a 35-year old male to \$10,000 Whole Life Plan payable semiannually:

Example:

Table Rate X # of thousands to be Converted + policy fee of 90.00 X
Premium Factor = **Modal Premium**

$$\left[(\underline{\$23.82} \times \underline{10.000}) + \underline{\$90.00} \right] \times \underline{.52} = \underline{\$170.66}$$

Your Calculations:

Table Rate X # of thousands to be Converted + policy fee of 90.00 X
Premium Factor = **Modal Premium**

$$\left[(\underline{\quad} \times \underline{\quad}) + \underline{\$90.0} \right] \times \underline{\quad} = \underline{\quad}$$

EFT Authorization

If you wish to be billed through your financial institution, please complete the following authorization:

I authorize Consumers Life Insurance Company to initiate premium deductions from my account. The authorization will remain in effect until Consumers Life Insurance Company and my financial institution have received written notification from me within a reasonable time period to allow termination of the deduction.

Premiums are to be deducted from : Checking Savings
(Please note: Not all Financial Institutions allow deductions from savings account. Please verify this information with your financial institution.)

Name and branch of bank/financial institution _____

Address _____

City _____ State _____ Zip _____

Account Holder's Signature _____

Account Number _____

Account Holder's Name _____

Transit Routing Number _____

Date _____

Please attach a voided check for checking account for a deposit slip for savings account in order for our office to verify the bank information.

