



GROUP TERM LIFE INSURANCE RIGHT TO CONVERT TO INDIVIDUAL POLICY FORM

—Please Type Or Print Clearly In Dark Ink—

CONVERSION PRIVILEGE NOTICE TO ELIGIBLE PERSON | DATE OF THIS NOTICE: XXX/XXX/XXXXX

Employee/assignee: Upon termination of employment, or reduction of your group life insurance, you have the right to purchase an individual life insurance policy with Renaissance without providing evidence of insurability. The individual policy may be for an amount equal to or less than the amount of group life insurance that terminated under the group policy. The amount which can be converted is reduced by the amount of life insurance for which you may be or may become eligible under any group policy issued or reinstated by us or another insurer within 31 days after the date Your insurance ended or was reduced.

SECTION I | EMPLOYER INFORMATION

Name of Employer:		Group ID Number:	
Unit Name and Number:		Policy Number(s):	
Date of Termination or Reduction:	Date Last Worked:	Reason For Termination of Group Life Benefits: <input type="checkbox"/> Termination of Employment <input type="checkbox"/> Death of Employee <input type="checkbox"/> Group Policy Termination <input type="checkbox"/> Benefit Reduction <input type="checkbox"/> Other: _____	
Was the Employee Disabled on Date of Termination: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Signed by Employer:		Title:	Date: Telephone:

Please Attach Current Proof Of Coverage (*Benefits Statement, Enrollment Form*)

SECTION II | APPLICANT INFORMATION

Full Name (<i>Last, First, MI</i>):		Relationship To Employee: <input type="checkbox"/> Self <input type="checkbox"/> Dependent	Email:
Street Address (<i>Include Apt#/Suite</i>):		City:	State: ZIP Code:
Social Security Number:	Date of Birth:	Job Title/Occupation:	<input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION II.A | SPOUSE/CHILD(REN) INFORMATION (IF CONVERTING SPOUSE AND/OR CHILD INSURANCE COMPLETE BELOW)

SPOUSE/CHILD NAME (LAST, FIRST, MI)	RELATIONSHIP	DATE OF BIRTH (MM/DD/YYYY)
	SPOUSE	
	CHILD	
	CHILD	
	CHILD	

SECTION III | COVERAGE OPTIONS (AMOUNT OF LIFE INSURANCE IN EFFECT ON THE DATE OF TERMINATION OR REDUCTION OF GROUP LIFE INSURANCE)

BASIC LIFE	VOLUNTARY LIFE
Employee: \$ _____	Employee: \$ _____
Spouse: \$ _____	Spouse: \$ _____
Child: \$ _____	Child: \$ _____

Signed By Employee: X Date: _____

THIS IS NOT AN APPLICATION FOR INSURANCE. DO NOT SEND MONEY WITH THIS FORM

IF THIS NOTICE WAS GIVEN TO YOU AT LEAST 15 DAYS BEFORE THE TERMINATION OR REDUCTION OF THE AMOUNT OF INSURANCE THEN THIS FORM MUST BE SIGNED AND RETURNED TO RENAISSANCE WITHIN 31 DAYS AFTER THAT DATE.

IF YOU WERE NOT GIVEN THIS NOTICE AT LEAST 15 DAYS BEFORE A TERMINATION OR REDUCTION OF THE AMOUNT OF INSURANCE, THEN THIS FORM MUST BE SIGNED AND RETURNED TO RENAISSANCE BY THE LATER OF 16 DAYS AFTER YOU RECEIVED THIS NOTICE OR 31 DAYS AFTER YOUR INSURANCE TERMINATED OR REDUCED.

IN NO EVENT WILL THE RIGHT TO CONVERT EXTEND BEYOND 91 DAYS AFTER THE DATE YOUR INSURANCE TERMINATED OR WAS REDUCED.

FOR RENAISSANCE USE ONLY:

Form Approved By: _____ Date: _____



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