

# Request for Group Life Conversion Information

## Instructions:

**Policyholder (employer):** This form should be completed and furnished to every employee who may have the conversion right.

**Employee (person requesting information):** Complete the employee section and immediately mail to the address to the right.

Attn: Group Life Conversions  
900 SW Fifth Avenue  
Portland, OR 97204  
Phone no.: 800-378-4668  
Fax no.: 800-331-3397  
Email: [cbt@standard.com](mailto:cbt@standard.com)

## Section 1: To be completed by employer

Group policyholder or plan name			Group no.		Class no.			
Employee last name		First name		M.I.	Social Security no.			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed				Date of birth (MMDDYYYY)		
Job title			Annual salary \$			Spouse date of birth		
Effective date of coverage			Date last worked		Employment termination date		Certificate no.	
Reason for termination <input type="checkbox"/> Termination of employment <input type="checkbox"/> Reduction of coverage <input type="checkbox"/> Death of employee – Spouse name: _____ <input type="checkbox"/> Termination of group policy <input type="checkbox"/> Retirement <input type="checkbox"/> Other (specify): _____								
<b>Coverage terminating:</b>								
<b>Employee</b>				<b>Dependents</b>				
Basic amount		\$ _____		Spouse amount		\$ _____		
Supplemental amount		\$ _____		Spouse name:		_____		
Other		\$ _____		Children (each) amount		\$ _____		
Total amount		\$ _____		Child name:		_____		
				Child name:		_____		
				Child name:		_____		
				Child name:		_____		
Is the employee/member on disability? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				This form will be handed to employee on				
If yes, did he/she become disabled prior to age 60? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				_____				
Is the employee/member disabled? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No				This form will be mailed to employee on				
Has the insured member made an absolute assignment of group life insurance to be converted? .. <input type="checkbox"/> Yes <input type="checkbox"/> No				_____				
If yes, please attach a copy of the absolute assignment form.								
Employer representative signature <b>X</b>		Print name		Title		Date signed (MMDDYYYY)		
Company street address		City		State		ZIP code		
Email address		Company phone no.						

## Section 2: To be completed by employee

Do not mail this form to the Insurance Company\* unless the top portion is completed and signed by employer. Your Group Term Life Insurance Benefits are terminating as indicated above. You may be eligible to convert to an individual life policy. After you promptly send this form to the Insurance Company, we will send you a description of the conversion plan, your premium rates and an application form. The application and first premium payment must be received by the Insurance Company within 31 days of the termination of your life insurance benefits, under your employer's group insurance policy.

**Important notice:** This is not an application for conversion of your group life plan coverage. Receipt of this form and subsequent information does not guarantee your eligibility to convert your group term life insurance.

Requestor last name		First name		M.I.	Relationship to employee		Phone no.	
Street address		City			State	ZIP code	Email address	
Requestor signature <b>X</b>							Date signed (MMDDYYYY)	

\*Used herein, 'Insurance Company' means: Anthem Life Insurance Company, Anthem Life & Disability Insurance Company, Greater Georgia Life Insurance Company

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningún costo adicional llamando al número de servicio al cliente que se encuentra en este documento.

Life and Disability products are underwritten by Anthem Life Insurance Company. In Georgia, Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. In New York, Life and Disability products are underwritten by Anthem Life & Disability Insurance Company. Anthem is a registered trademark of Anthem Insurance Companies, Inc.