

THIS FORM MUST BE COMPLETED AND SIGNED BY THE EMPLOYER

Notice of Conversion Privilege for Group Life Insurance			Date of This Notice
Name of Insured		SSN	Date of Birth
Address	City	State	Zip
Insured's Home Phone #	Name of Group		Policy Number
Date of Termination or Reduction	Reason for Termination or Reduction	Total Coverage Amount at Termination	
Employer's Authorized Representative Signature		Employer's Authorized Representative Name (Printed)	

Your group life insurance has been terminated or reduced as of the date of termination or reduction indicated. However, you can convert to an individual life insurance policy in accordance with the terms of the group policy's conversion privilege summarized in your certificate of coverage. The individual policy will be issued without medical examination based upon the amount of coverage, rate applicable to the class of risk to which you belong, and your age at nearest birthday.

If interested in converting coverage, the **employee** should forward the white copy of this completed form to **USABLE Life, Attention: Customer Service – Conversion Quote, P.O. Box 1650, Little Rock, AR 72203-1650**. Upon receipt of this form, we will forward to the employee an application with premium rates and instructions. The return of this notice does not bind you in any way to complete an application nor USABLE Life to continue the terminated coverage. You may contact USABLE Life Customer Service by calling (501) 378-5856 or 1-800-370-5856.

However, your application must be completed and sent to USABLE Life with the first full premium within 31 days after the insurance termination or reduction date indicated. No inquiries or applications will be accepted after this 31 day conversion period.

CR-NOTICE (2-04)

White - Employee's Copy / Canary - Employer's Copy