



APPLICATION FOR CONVERSION OF GROUP LIFE INSURANCE

A. EMPLOYER: Please complete all of Section A, date and sign form to help us process the application quickly. We must receive this form within 31 days of "Date Employment Terminated" as shown on this form.

- 1. Group Policy Name: Egyptian Area Schools (EGYPTIAN)
Proposed Insured Information: 2. Name: 3. Birthdate: 4. Social Security Number:
5. Date of Hire: 6. Date Group Insurance Terminated:
7. Date Employment Terminated: 8. Date Last Worked:
9. Amount of Current Insurance Available: a. Amount \$ b. Plan c. Class
10. Reason for termination of group life coverage:
Retirement Disabled Age Reduction Group Policy Terminated
Other, please explain

GENERAL. Once this information is received, a letter will be sent directly to the Proposed Insured. The Company will calculate the premium amount and effective date of the Conversion Policy and notify the Proposed Insured at that time.

Date Signed Signature of Administrator
Administrator Phone Number Administrator Fax Number

B. EMPLOYEE: Please complete all of Section B, date and sign form to help us process your application quickly. We must receive this form within 31 days of "Date Employment Terminated" as shown on this form.

- Proposed Insured Information:
1. Present Occupation:
2. Name:
3. Address (Street, City, State, Zip Code):
4. Phone Number:
5. Age: 6. Sex: 7. Insurance Amount applied for: \$
8. Premium payable (check one) a. Annual b. Semi-Annual c. Quarterly d. Bank Draft

Beneficiary Information. (If naming more than one Primary or Contingent Beneficiary, please attach a separate sheet of paper.)

- 9. Primary Beneficiary: a. Relationship:
b. Social Security Number:
10. Contingent Beneficiary: a. Relationship:
b. Social Security Number:

- 11. Is Proposed Insured covered by or eligible for any other Group Insurance, other than The Lincoln National Life Insurance Company? Yes No If yes, for how much?
12. Does the Proposed Insured use tobacco products now or in the past twelve months? Yes No
13. In the past 3 years, has the Proposed Insured engaged in, or in the future does the Proposed Insured plan to engage in, flying in non-commercial aircraft? Yes No If yes, give details

Complete this Section if the Proposed Insured is not the Owner/Premium Payor:

- 14. Full Name of Owner/Premium Payor:
15. Address of Owner/Premium Payor: (Street, City, State, Zip Code)
16. Relationship to Proposed Insured:

GENERAL. To the best of my knowledge and belief, the answers given above are true and complete. I agree that: (a) this application, a copy of which will be attached to the policy when issued, will be a part of the policy; (b) by acceptance of any policy issued on the life of the Proposed Insured, all rights under the Group Policy for such person are relinquished; and (c) only an officer of the Company can make or alter a contract of insurance or bind the Company in any way.

Under penalties of perjury, I, the Owner, (if other than the Proposed Insured) declare that the Social Security Number shown is correct and that the Internal Revenue Service has not notified me that I am subject to back-up withholding for failing to properly report dividend or interest income.

WHEN INSURANCE TAKES EFFECT. The Insurance applied for on any person to be insured will not take effect unless the first premium is paid during the lifetime of the Proposed Insured and during the 31 days following the date group coverage terminated. Insurance will take effect at the end of the 31 day period following the date group coverage terminated.

Date Signed Signature of Proposed Insured
State Where Signed Signature of Owner/Premium Payor

COMMENTS:

**G** r o u p

**L** i f e

**C** o n v e r s i o n



Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

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10/08 Rev

# Conversion of Group Term Life Insurance To An Individual Life Insurance Policy On Termination of Employment

## Important

The group Policy provides that all requirements for conversion must be made within 31 days after the date your Group insurance terminates.

### 1. What is The Group Life Conversion Privilege?

If your Group Life insurance terminates because of termination of employment while the Group Policy is still in force, you have the right to convert your group term life insurance to a universal life insurance policy. Your right to convert is subject to the conditions set forth in your Group certificate. A medical examination or other evidence of good health is not required.

### 2. When Must I Apply For Conversion Of My Group Life Insurance?

You must apply for conversion within the 31-day period immediately following termination of your employment. During the 31-day period, your life insurance under your Group certificate will remain in force, without additional cost, whether or not you have made application to convert.

### 3. How May I Obtain An Individual Policy?

You may obtain a universal life insurance policy by making written application and paying the first premium for the individual policy within the 31-day period immediately following the termination of your employment. An application form for conversion may be obtained from your employer. Please have your employer complete Section A.

### 4. How Much Individual Life Insurance May I Obtain On Conversion?

You may obtain universal life insurance in an amount up to the amount of your group term life insurance under your Group certificate at termination of your employment.

### 5. What Policies Of Individual Life Insurance Are Available on Conversion?

You may convert to any universal life insurance policy customarily being issued by Lincoln Financial Group at the time of conversion.

### 6. What will The Premium Be?

**Please call 1-800-423-2765 for quotes.**

The premium for the universal life insurance policy will be in accordance with the established premium rates at the time of conversion for the plan elected and will depend on (a) the amount of the individual life insurance policy (b) the class of risk to which you belong, (c) your sex, and (d) your insurance age.

“Class of risk” for group conversion relates to occupation, military hazard, aviation activities, foreign residence or travel, etc., but does not relate to state of health.

“Insurance Age” means age nearest birthday on the effective date of the universal life insurance policy (i.e. your age on the birthday which is within six months of the effective date.)

## Important

The minimum direct payment is \$50.00. You must elect a pay mode that is \$50.00 or over.

**The Lincoln National Life Insurance Company  
Specialty Service Dept.**

**P.O. Box 2616**

**Omaha, Nebraska 68103-2616**

**Web site: [www.LincolnFinancial.com](http://www.LincolnFinancial.com)**