

Phone Number: (877) 723-5697

Mail to Dearborn Life Insurance Company at:
701 E. 22nd Street
Lombard, IL 60148

Instructions for Use

The application to convert group life insurance is to be utilized when you become ineligible for group insurance. An example of this would be termination of employment. The application is used to convert your Group Life Insurance coverage to an Individual Whole Life Insurance policy. This can be done regardless of your current health. For information about the amount you may convert or how long you have to convert, see either your certificate or group policy. The application must be filled out by both your employer and yourself.

Part 1 - To be filled out by the Employer

- Ensure the Amount of insurance is filled out for each applicable product (Basic Life, Supplemental Life, Voluntary Life, etc) eligible for conversion.
- Specify clearly the reason for termination.
- If an error is made, you may strike the error, but you must initial the change.

Part 2 - To be filled out by the Insured/Applicant

- If electing Electronic Funds Transfer (EFT) please ensure that you sign the authorization on the second page of the application and attach a voided check.
- If an error is made, you may strike the error, but you must initial the change.
- If applicant is under the age of 20, please contact customer service for applicable rate.

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Upon becoming ineligible for group insurance, e.g., leaving employment, you may convert your Group Life Insurance coverage to an Individual Whole Life Insurance policy. This can be done regardless of your current health. For information about the amount you may convert or how long you have to convert, see either your certificate or group policy.

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 the reverse side.
2. Mail the completed application with your check or money order for the first modal premium to the above address.

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) _____
Date Employment Term'd.	Date Coverage Terminated	Last Actual Day of Work	Amount of Group Insurance	
Name of Employer Providing Group Policy		Annual Salary \$	Insurance Class	
Signature of Policyholder's Representative/Title		Telephone Number	Date Signed	

Part 2: TO BE COMPLETED BY INSURED Please type or print with ball point pen

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

NAME IN FULL		SOCIAL SECURITY NUMBER	TELEPHONE NUMBER	GROUP POLICY NO.
RESIDENT ADDRESS				
STREET		CITY	STATE	ZIP CODE
SEX	DATE OF BIRTH	AGE LAST BIRTHDAY	STATE OF BIRTH	LAST DATE OF ACTIVE WORK
				PRESENT OCCUPATION
AMOUNT OF INSURANCE TO BE CONVERTED		PREMIUM MODE <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> EFT Monthly*		Automatic Premium Loan Provision Desired? <input type="checkbox"/> Yes <input type="checkbox"/> No
			First full modal premium must be submitted with application	Premium Enclosed \$ _____

BENEFICIARY DESIGNATION

FIRST NAME	LAST NAME	ADDRESS	SOCIAL SECURITY NO.	DATE OF BIRTH	RELATIONSHIP
Primary					
Secondary					

If more space is needed 1) use extra paper 2) mark above "See Attached" 3) attachment MUST be signed and dated by Policy Owner.

Is the owner to be other than the insured? Yes No

First Name	Initial	Last Name	Relationship
Address of Owner, if other than Insured:			
No. & Street	City	State	ZIP Code

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.

I declare that the information on this application is complete and true, to the best of my knowledge and belief. I agree that the 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.

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Signed At _____ on _____
City State Mo Day Year Signature of Applicant

For Conversion from Group Life to Individual Whole Life Policy

Premiums are payable to age 98 or death, whichever occurs first. For information about the amount you are eligible to convert, please refer to the Conversion of Life Insurance provision of your group life insurance certificate or the group policy. Our minimum issue amount is \$2,000.

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 multiply by the premium factor and add the modal policy fee to find your premium payment.

Last Birthday	Table Rate Per Thousand	Last Birthday	Table Rate Per Thousand
20	6.51	60	47.79
21	6.86	61	50.70
22	7.09	62	53.72
23	7.42	63	56.86
24	7.76	64	60.23
25	8.10	65	63.84
26	8.56	66	67.67
27	8.90	67	71.74
28	9.22	68	76.05
29	9.68	69	80.47
30	10.13	70	85.24
31	10.58	71	90.70
32	11.03	72	96.55
33	11.59	73	102.77
34	12.14	74	109.38
35	12.70	75	116.41
36	13.25	76	123.90
37	13.92	77	131.94
38	14.58	78	140.61
39	15.23	79	150.02
40	15.89	80	160.20
41	16.77	81	171.21
42	17.76	82	183.01
43	18.73	83	195.57
44	19.71	84	208.90
45	20.79	85	223.10
46	21.97	86	282.86
47	23.14	87	342.62
48	24.53	88	402.38
49	25.90	89	462.15
50	27.36	90	521.91
51	28.92	91	581.67
52	30.56	92	641.43
53	32.28	93	701.19
54	34.10	94	760.95
55	36.10	95	820.72
56	38.10	96	880.48
57	40.30	97	940.24
58	42.68	98	1,000.00
59	45.16		

<input checked="" type="checkbox"/>	Mode Desired	Premium Factor	Modal Policy Fee
<input type="checkbox"/>	Annual	1.000	\$17.00
<input type="checkbox"/>	Semi-Annual.....	.520	\$ 9.00
<input type="checkbox"/>	Quarterly.....	.265	\$ 5.00
<input type="checkbox"/>	EFT Monthly08583	\$ 0.00

(Sign below & attach voided check)

Enclose the **Modal Premium** amount with your application.

For clarification, contact
DEARBORN LIFE INSURANCE COMPANY
 701 E. 22nd Street
 Lombard, IL 60148
 1-877-723-5697

EFT Authorization: Check one:

Checking **Savings**

Account # _____

I hereby authorize and request Dearborn Life Insurance Company to withdraw funds from my account and transfer those funds in payment for my monthly premium, and to initiate debit entries, if necessary, for any credit entries made in error. This authorization is to remain in full force until I notify Dearborn Life Insurance Company in writing of any changes or cancellation of payment. I understand that to change or cancel any future transactions, such notice must be received not less than ten business days prior to the transaction date.

Signature of Account Holder

(Please attach voided check)

Example: Conversion of \$10,000 Group Life for a 45-year old to \$10,000 Whole Life Plan payable quarterly:

Example:

Table Rate	X	# of Thousands To Be Converted	X	Premium Factor	+	Modal Policy Fee	=	Modal Premium
20.79	X	10.000	X	0.265	+	5.00	=	\$60.10

Your Calculations

Table Rate	X	# of Thousands To Be Converted	X	Premium Factor	+	Modal Policy Fee	=	Modal Premium
_____		_____		_____		_____		\$ _____