# Individual conversion life insurance policy application (non-participating whole life)

Date employment terminated



Reason for Termination ☐ Termination of employment or

and Date Term'd... ☐ Reduction of Benefits

membership in eligible class ☐ Termination of Group Policy

Amount of group insurance

# Blue Shield of California Life & Health Insurance Company

Upon leaving your employment or if you have a reduction in benefits, you are eligible to convert your group life insurance coverage to an individual non-participating whole life insurance policy. This can be done at the premium for your age, regardless of your physical condition, provided you apply for coverage within 31 days of your group life insurance either terminating or upon the reduction of benefits.

### To apply:

Group policy number

Name of employer providing group policy

Authorized group representative (Please print)

Part 1: To be completed by employer

- 1. Complete Part 2 of this conversion application. Be sure your employer has completed Part 1. Premium rates and instructions for calculating your premium are shown on page 3.
- 2. Mail the completed application to the following address, together with check or money order for the first premium payment within 31 days of eligibility for this coverage. Mail to: Blue Shield of California Life & Health Insurance Company, 4203 Town Center Blvd., El Dorado Hills, CA 95762 Attn: Specialty Benefits or Fax to: (800) 329-2742. For questions call: (888) 800-2742 9 a.m. to 5 p.m. PST.

Date coverage terminated

| Authorized  |   | ☐ Other (Specify)   |                                 |                             |                                  |              |                              |  |  |
|-------------|---|---------------------|---------------------------------|-----------------------------|----------------------------------|--------------|------------------------------|--|--|
| Signature o | of person authorized to certify for                             | group policy own    | Date                            | signed                      | -                                |              |                              |  |  |
| Part 2:     | To be completed by  | ' insured           | Please type or print w          | ith ballpoint pen           |                                  |              |                              |  |  |
|             | nnce with and subject to all the group policy referenced in Par |                     |                                 |                             |                                  |              |                              |  |  |
| First name  | Midd  | lle initial Last na | ame                             | Social Security             | Social Security number Telephone |              | Group Policy No.             |  |  |
| Resident st | reet address  |                     | City                            | •                           |                                  |              | ZIP code                     |  |  |
| Member ID   | Sex Date of bir □ M □ F   | th Aç               | ge Last date of ac<br>Month Day | tive work<br>Year           | Present Occupation               | n            | ·                            |  |  |
| Amount of   | life insurance to be converted                                  | Premium Mode        | Annual ☐ Semi-anr               | ual <b>First full modal</b> | premium must be s                | ubmitted wit | th application               |  |  |
| Part 3:     | Beneficiary designa   | tion                |                                 |                             |                                  |              |                              |  |  |
|             | First name  | Last nam            | е                               | Address                     |                                  |              |                              |  |  |
| Primary     | Date of birth (Month/Day/Year) Rel                              | ationship           | Phone number                    | Social Security             | Social Security number           |              | age to be distributed        |  |  |
|             | First name  | Last nam            | e                               | Address                     |                                  |              | ,                            |  |  |
| Secondary   | Date of birth (Month/Day/Year) Rel                              | ationship           | hip Phone number                |                             | Social Security number           |              | Percentage to be distributed |  |  |
|             | First name  | Last nam            | e                               | Address                     | 1                                | <del>i</del> | ,                            |  |  |
| Third       | Date of birth (Month/Day/Year) Rel                              | ationship           | ip Phone number                 |                             | Social Security number           |              | age to be distributed        |  |  |
|             | First name  | Last nam            | е                               | Address                     | Address                          |              |                              |  |  |
| Fourth      | Date of birth (Month/Day/Year) Rel                              | ationship           | hip Phone number                |                             | Social Security number           |              | Percentage to be distributed |  |  |

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|   | First name  | Last name  |   | Address  |   |  |  |  |
|---|---|--|---|--|---|--|--|--|
| Fifth Date of birth (Month/Day/Year) Relationship Phone nul |   |  |   | Social Security number   | er Percentage   | Percentage to be distributed                 |  |  |
| If more s   | pace is needed 1) use extra pa  | aper 2) mark above "See  | Attached" 3) a  | ttachment MUST be signed and   | dated by policy owner.  |  |  |  |
| First nam   | vner to be other than the insure the Middle initial Las er is the person who has the ri               | st name Relations  | hip Unless oth owner wil all other ri                         | t to change the beneficiary rese<br>lerwise indicated, the right to cl<br>I have the right to borrow, assig<br>ghts contained in the contract v<br>f owner, if other than Insured: | nange the beneficiary is reser<br>n, surrender, change the bene                                 | ved to the owner. The eficiary, and exercise |  |  |
| surrende  | r and exercise all other rights c<br>er owner is designated, the ins                                  | contained in the contract.   | No. & Stre  | eet City   |   | State ZIP Cod                                |  |  |
|   |   |  |   |  |   |  |  |  |
| If you are<br>other tha                                     | n your spouse as beneficiary, i   | t is possible that payment   | of benefits will I  | , Louisiana, New Mexico, Texas<br>be delayed or disputed unless yo   |   |  |  |  |
|   | Name:   |  |   |  |   |  |  |  |
| Spouse S  | Signature:  | Date   | <u>.                                    </u>                  |  |   |  |  |  |
| application determine the Comp                              | on shall form a part of any poli<br>ed, the Company may deposit t<br>pany shall be to refund this pay | cy issued. I further agree t<br>the payment submitted wit<br>ment. <b>WARNING: Any p</b> | nat while my eli<br>h this applicatio<br><b>erson who, wi</b> | nplete and true, to the best of n<br>gibility to convert under the tern<br>n. If I am not eligible to convert<br>th intent to defraud or knowi<br>ptive statement may be guilt     | ns of the above group insuran<br>my group insurance policy, th<br>ing that he is facilitating a | ce policy is being<br>ne sole obligation of  |  |  |
| Signed a  |   |  |   |  |   |  |  |  |
|   | City and State  | Month  | Day Yea   | ar Signature o   | f Applicant Insured   |  |  |  |

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Signature of Owner (other than insured)

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# Premium calculation worksheet for conversion from group life to individual whole life insurance policy

To calculate your premium, find your age and the corresponding basic annual premium 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 the basic annual premium by the desired premium mode factor for your premium payment.

|                   | Mode<br>Desire |                        | Premium<br>Factor |   | Exampl                       | е      |                |   |                  |   |  |
|-------------------|----------------|------------------------|-------------------|---|------------------------------|--------|----------------|---|------------------|---|--|
| ( ) Annual        |                |                        |                   | Conversion of \$10,000 Group Life for a 35 year old male to \$10,000 Whole Life Plan payable semi-annually: |                              |        |                |   |                  |   |  |
| ,                 |                |                        |                   |   | \$ 24.64<br>\$ 246.40        | X<br>X | 10.000<br>.520 | = | 246.40<br>128.13 | base annual premium semi-annual premium to be submitted |  |
| Your C            | alculo         | ations                 |                   |   |                              |        |                |   |                  |   |  |
| Table<br>Rate     | Х              | # of Thou<br>To Be Cor |                   | =   | Base An<br>Premi             |        |                |   |                  |   |  |
| Base An<br>Premiu |                | Premiun<br>Fac         |                   | =   | \$ — Mod<br>Prem             |        | -              |   |                  |   |  |
|                   | х              |                        |                   | _ =   | \$<br>(Enclose the with your |        |                |   |                  |   |  |

| Age<br>at last<br>birthday | Age at last birthday<br>annual premium per<br>thousand |        | Age<br>at last<br>birthday | Age at last birthday<br>annual premium per<br>thousand |        | Age<br>at last<br>birthday | Age at last birthday<br>annual premium per<br>thousand |        | Age<br>at last<br>birthday | Age at last birthday<br>annual premium per<br>thousand |        |
|----------------------------|--|--------|----------------------------|--|--------|----------------------------|--|--------|----------------------------|--|--------|
|                            | Male   | Female |
| 18                         | 12.57  | 10.32  | 34                         | 23.74  | 20.54  | 50                         | 41.19  | 40.33  | 66                         | 83.73  | 73.70  |
| 19                         | 13.05  | 10.76  | 35                         | 24.64  | 21.44  | 51                         | 42.84  | 42.00  | 67                         | 87.96  | 76.40  |
| 20                         | 13.56  | 11.23  | 36                         | 25.39  | 22.38  | 52                         | 44.59  | 43.71  | 68                         | 91.59  | 79.21  |
| 21                         | 14.09  | 11.72  | 37                         | 26.17  | 23.35  | 53                         | 46.45  | 45.48  | 69                         | 94.96  | 82.12  |
| 22                         | 14.64  | 12.24  | 38                         | 27.00  | 24.36  | 54                         | 48.41  | 47.30  | 70                         | 98.52  | 85.16  |
| 23                         | 15.22  | 12.77  | 39                         | 27.92  | 25.42  | 55                         | 50.49  | 49.17  | 71                         | 102.29   | 88.31  |
| 24                         | 15.83  | 13.34  | 40                         | 28.58  | 26.52  | 56                         | 52.69  | 51.09  | 72                         | 106.22   | 91.57  |
| 25                         | 16.47  | 13.92  | 41                         | 29.74  | 27.68  | 57                         | 55.04  | 53.06  | 73                         | 110.31   | 94.97  |
| 26                         | 17.12  | 14.54  | 42                         | 30.76  | 28.88  | 58                         | 57.52  | 55.09  | 74                         | 114.61   | 98.50  |
| 27                         | 17.82  | 15.18  | 43                         | 31.83  | 30.13  | 59                         | 60.15  | 57.17  | 75                         | 119.19   | 102.20 |
| 28                         | 18.54  | 15.85  | 44                         | 32.97  | 31.43  | 60                         | 62.94  | 59.31  | 76                         | 124.11   | 106.08 |
| 29                         | 19.29  | 16.55  | 45                         | 34.16  | 32.79  | 61                         | 65.91  | 61.51  | 77                         | 129.38   | 110.19 |
| 30                         | 20.10  | 17.28  | 46                         | 35.41  | 34.19  | 62                         | 69.05  | 63.79  | 78                         | 135.02   | 114.56 |
| 31                         | 20.93  | 18.05  | 47                         | 36.74  | 35.65  | 63                         | 72.41  | 66.14  | 79                         | 141.04   | 119.25 |
| 32                         | 21.83  | 18.84  | 48                         | 38.15  | 37.16  | 64                         | 75.96  | 68.57  | 80                         | 147.46   | 124.30 |
| 33                         | 22.76  | 19.68  | 49                         | 39.63  | 38.72  | 65                         | 79.73  | 71.09  |                            |  |        |