

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



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:

- 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.

Part 1: To be completed by employer

Group policy number	Date employment terminated	Date coverage terminated	Amount of group insurance	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"/> Reduction of Benefits <input type="checkbox"/> Other (Specify) _____
Name of employer providing group policy				
Authorized group representative (Please print)				
Signature of person authorized to certify for group policy owner			Date signed	

Part 2: To be completed by insured Please type or print with ballpoint pen

In accordance with and subject to all the terms and conditions of the conversion privilege contained herein, I make application to convert my life insurance under the group policy referenced in Part 1 to an individual policy, to be issued in accordance with the following request and statements of fact.

First name	Middle initial	Last name	Social Security number	Telephone number	Group Policy No.
Resident street address			City	State	ZIP code
Member ID	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth	Age	Last date of active work Month Day Year	Present Occupation
Amount of life insurance to be converted	Premium Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual First full modal premium must be submitted with application Premium Enclosed \$ _____				

Part 3: Beneficiary designation

Primary	First name	Last name	Address		
	Date of birth (Month/Day/Year)	Relationship	Phone number	Social Security number	Percentage to be distributed
Secondary	First name	Last name	Address		
	Date of birth (Month/Day/Year)	Relationship	Phone number	Social Security number	Percentage to be distributed
Third	First name	Last name	Address		
	Date of birth (Month/Day/Year)	Relationship	Phone number	Social Security number	Percentage to be distributed
Fourth	First name	Last name	Address		
	Date of birth (Month/Day/Year)	Relationship	Phone number	Social Security number	Percentage to be distributed

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 Desired	Premium Factor
() Annual	1.000
() Semi-Annual520

Example

Conversion of \$10,000 Group Life for a 35 year old male to \$10,000 Whole Life Plan payable semi-annually:

$$\begin{aligned}
 \$ 24.64 \times 10.000 &= 246.40 \text{ base annual premium} \\
 \$ 246.40 \times .520 &= 128.13 \text{ semi-annual premium to be submitted}
 \end{aligned}$$

Your Calculations

$$\text{Table Rate} \times \text{\# of Thousands To Be Converted} = \text{Base Annual Premium}$$

$$\text{Base Annual Premium} \times \text{Premium Mode Factor} = \$ \text{Modal Premium}$$

$$\text{_____} \times \text{_____} = \$ \text{_____}$$

(Enclose this amount with your application)

Age at last birthday	Age at last birthday annual premium per thousand		Age at last birthday	Age at last birthday annual premium per thousand		Age at last birthday	Age at last birthday annual premium per thousand		Age at last birthday	Age at last birthday annual premium per thousand	
	Male	Female		Male	Female		Male	Female		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			