



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., Pacific Time.

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Part 1: To be completed by employer
Group policy number, Date employment terminated, Date coverage terminated, Amount of group insurance, Name of employer providing group policy, Authorized group representative (please print), Signature of person authorized to certify for group policy owner, Date signed, Reason for termination (checkboxes: Termination of employment or membership in eligible class, Termination of Group Policy and Date Term'd., Reduction of Benefits, Other (Specify))

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 no., Telephone number, Group policy no., Resident street address, City, State, ZIP code, Member ID, Sex (M/F), Date of birth, Age, Last date of active work (Month/Day/Year), Present occupation, Amount of life insurance to be converted, Premium mode (Annual/Semi-annual), First full modal premium must be submitted with application, Premium enclosed \$

Part 3: Beneficiary designation

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

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 MI Last name

Relationship

The owner is the person who has the right to borrow, assign, surrender and exercise all other rights contained in the contract. If no other owner is designated, the insured shall be the owner.

Is the right to change the beneficiary reserved to the owner?  Yes  No

Unless otherwise indicated, the right to change the beneficiary is reserved to the owner. The owner will have the right to borrow, assign, surrender, change the beneficiary, and exercise all other rights contained in the contract without the written consent of the beneficiary.

Address of owner, if other than insured:

Number and street City State ZIP

**Community property laws**

If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, New Mexico, Texas, Washington, or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits will be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse name: \_\_\_\_\_

Spouse signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have read the above questions and answers and hereby declare that they are complete and true, to the best of my knowledge and belief, and I agree that this application shall form a part of any policy issued. I further agree that while my eligibility to convert under the terms of the above group insurance policy is being determined, the Company may deposit the payment submitted with this application. If I am not eligible to convert my group insurance policy, the sole obligation of the Company shall be to refund this payment. **WARNING: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

Signed at on \_\_\_\_\_  
City and state Month/Day/Year Signature of applicant Insured

\_\_\_\_\_  
Signature of owner (other than insured)

# 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	Example
( ) Annual .....	1.000	Conversion of \$10,000 Group Life for a 35 year old male to \$10,000 Whole Life plan payable semi-annually:
( ) Semi-annual .....	.520	\$ 24.64 x 10.000 = 246.40 base annual premium
		\$ 246.40 x .520 = 128.13 semi-annual premium to be submitted

## Your Calculations

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