

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 the reverse side.
2. Mail the completed application to the following address, together with your 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, P.O. Box 7725, San Francisco, CA 94120. For questions call (888) 800-2742.

Part 1: to be completed by employer				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) _____
Group policy number	Date employment terminated	Date coverage terminated	Amount of group insurance	
Name of employer providing group policy				
Signature of person authorized to certify for group policy owner			Date signed	

Part 2: to be completed by insured Please type or print with ball point 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.**

Name in full		Social security number		Telephone number	Group Policy No.
Resident address (street, city, state, ZIP code)					
Sex	Date of birth	Age	State of birth	Last date of active work MO DAY YR	Present Occupation
Amount of life insurance to be converted		Premium Mode <input type="checkbox"/> Annual <input type="checkbox"/> Semi-annual <b>First full modal premium must be submitted with application</b> <b>Premium Enclosed \$</b> _____			

**Beneficiary Designation**

First Name	Last Name	Address	Date of birth MO/DAY/YEAR	Relationship
<b>Primary</b>				
<b>Secondary</b>				

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? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the right to change the beneficiary reserved to the owner? <input type="checkbox"/> Yes <input type="checkbox"/> No
First Name Initial Last Name Relationship	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: No. & Street City State ZIP Code

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.

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

Premiums are payable to age 121 or death, whichever occurs first. You may convert the full amount of group insurance or any amount down to \$2,000, our minimum issue.

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-Annual.....

.520

Example

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

\$ 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

x

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	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			