



**CONSUMERS LIFE**  
A MEDICAL MUTUAL COMPANY

15885 W. Sprague Road  
Strongsville, Ohio 44136-1772

**APPLICATION FOR CONVERSION OF  
GROUP LIFE INSURANCE**

Upon becoming ineligible for group insurance, you may be eligible to convert all or part of your Group Life Insurance coverage to an Individual Whole Life Insurance policy regardless of any current health conditions. For information concerning your eligibility for conversion refer to your certificate.

**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 page 3.
2. Mail the completed application with your check or money order for the first premium to: [Consumers Life Insurance Company, 15885 W. Sprague Road, Strongsville, Ohio 44136-1772.]

|  |                          |   |                                 |   |
|--|--------------------------|---|---------------------------------|---|
| <b>PART 1: TO BE COMPLETED BY EMPLOYER</b> |                          |   | Group Number                    | <b>Reason for Termination</b><br><input type="checkbox"/> Termination of employment or membership in eligible class<br><input type="checkbox"/> Termination of Group Policy and Date Term'd. _____<br><input type="checkbox"/> Disability<br><input type="checkbox"/> Other (Specify) _____ |
| Employer                                   | Annual Salary            |   | Insurance Class                 |   |
| Date Employment Term'd                     | Date Coverage Terminated | Last Actual Day of Work   | Total Amount of Group Insurance |   |
| Does <b>Applicant</b> have:                |                          | Basic Life? <input type="checkbox"/> Yes <input type="checkbox"/> No      Amount \$ _____           |                                 |   |
|  |                          | Supplemental Life? <input type="checkbox"/> Yes <input type="checkbox"/> No      Amount \$ _____    |                                 |   |
|  |                          | Dependent Child Life? <input type="checkbox"/> Yes <input type="checkbox"/> No      Amount \$ _____ |                                 |   |
| Signature of Employer Representative/Title |                          | Telephone Number<br>(    )  | Date Signed                     |   |

**PART 2: TO BE COMPLETED BY INSURED**

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

|                        |                       |                            |                  |
|------------------------|-----------------------|----------------------------|------------------|
| NAME (Last, First, MI) | SOCIAL SECURITY or ID | TELEPHONE NUMBER<br>(    ) | GROUP POLICY NO. |
|------------------------|-----------------------|----------------------------|------------------|

ADDRESS

|        |      |       |          |
|--------|------|-------|----------|
| STREET | CITY | STATE | ZIP CODE |
|--------|------|-------|----------|

|  |                      |   |        |
|--|----------------------|---|--------|
| GENDER<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female | DATE OF BIRTH<br>/ / | LAST DATE OF ACTIVE WORK<br>MO    DAY    YR | E-MAIL |
|--|----------------------|---|--------|

|  |   |
|--|---|
| PREMIUM PAYABLE:<br><input type="checkbox"/> Annual <input type="checkbox"/> Quarterly<br><input type="checkbox"/> Semi-Annual <input type="checkbox"/> EFT Monthly* | <b>First full premium must be submitted with application</b><br><br>Premium Enclosed \$ _____ |
|--|---|

**COVERAGE SELECTION:**

|  |                                      |
|--|--------------------------------------|
| Basic Coverage(s)  | Total Amount of Coverage Applied for |
| Basic Life <input type="checkbox"/> Yes <input type="checkbox"/> No        | \$ _____                             |
| Dependent Life <input type="checkbox"/> Yes <input type="checkbox"/> No    | \$ _____                             |
| Supplemental Life <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ _____                             |

| BENEFICIARY DESIGNATION | Last Name | First Name | MI | Date of Birth | Relationship | Benefit % |
|-------------------------|-----------|------------|----|---------------|--------------|-----------|
| (Primary)               |           |            |    | / /           |              |           |
| (Primary)               |           |            |    | / /           |              |           |
| (Contingent)            |           |            |    | / /           |              |           |
| (Contingent)            |           |            |    | / /           |              |           |

If two or more primary beneficiaries are named, and you do not list benefit percentages, proceeds will be paid in equal shares to the named primary beneficiaries who survive you. If no primary beneficiary survives you, proceeds will be paid to the contingent beneficiary(ies). If you list benefit percentages, the total must be 100%.

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

Name of Owner, if other than Insured:

Address of Owner, if other than Insured:  
 Street Address 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 Consumers Life Insurance 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.

WARNING: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals information concerning any fact material thereto, commits a fraudulent insurance act which may subject such person to criminal and civil penalties.

Signed At \_\_\_\_\_ on \_\_\_\_\_  
*City and State* *Month Day Year* *Signature of Applicant*

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*Signature of Owner (Other than Insured)*

# PREMIUM CALCULATION WORKSHEET

## For Conversion from Group Life to Individual Whole Life Policy

Premiums are payable to age 120 or death, whichever occurs first. 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 add a \$90.00 policy fee. Then multiply the sum of the premium and the policy fee by the premium factor to find your modal premium.

| Age at Issue Date | Table rate per thousand |        | Age at Issue Date | Table rate per Thousand |        |
|-------------------|-------------------------|--------|-------------------|-------------------------|--------|
|                   | Male                    | Female |                   | Male                    | Female |
| 0                 | 4.50                    | 4.00   | 46                | 41.10                   | 32.36  |
| 1                 | 4.74                    | 4.05   | 47                | 41.98                   | 33.52  |
| 2                 | 4.99                    | 4.10   | 48                | 42.86                   | 34.69  |
| 3                 | 5.23                    | 4.16   | 49                | 43.74                   | 35.85  |
| 4                 | 5.48                    | 4.21   | 50                | 44.62                   | 37.02  |
| 5                 | 5.72                    | 4.26   | 51                | 47.54                   | 39.15  |
| 6                 | 6.37                    | 4.59   | 52                | 50.46                   | 41.27  |
| 7                 | 7.02                    | 4.93   | 53                | 53.37                   | 43.40  |
| 8                 | 7.66                    | 5.26   | 54                | 56.29                   | 45.52  |
| 9                 | 8.31                    | 5.60   | 55                | 59.21                   | 47.65  |
| 10                | 8.96                    | 5.93   | 56                | 62.32                   | 49.57  |
| 11                | 10.27                   | 6.43   | 57                | 65.43                   | 51.49  |
| 12                | 11.58                   | 6.93   | 58                | 68.54                   | 53.42  |
| 13                | 12.88                   | 7.44   | 59                | 71.65                   | 55.34  |
| 14                | 14.19                   | 7.94   | 60                | 74.76                   | 57.26  |
| 15                | 15.50                   | 8.44   | 61                | 80.60                   | 60.62  |
| 16                | 16.24                   | 8.86   | 62                | 86.44                   | 63.98  |
| 17                | 16.97                   | 9.28   | 63                | 92.28                   | 67.33  |
| 18                | 17.71                   | 9.69   | 64                | 98.12                   | 70.69  |
| 19                | 18.44                   | 10.11  | 65                | 103.96                  | 74.05  |
| 20                | 19.18                   | 10.53  | 66                | 109.25                  | 77.48  |
| 21                | 19.65                   | 11.04  | 67                | 114.54                  | 80.91  |
| 22                | 20.12                   | 11.56  | 68                | 119.82                  | 84.35  |
| 23                | 20.59                   | 12.07  | 69                | 125.11                  | 87.78  |
| 24                | 21.06                   | 12.59  | 70                | 130.40                  | 91.21  |
| 25                | 21.53                   | 13.10  | 71                | 131.82                  | 92.14  |
| 26                | 21.08                   | 13.34  | 72                | 133.24                  | 93.07  |
| 27                | 20.62                   | 13.58  | 73                | 134.66                  | 93.99  |
| 28                | 20.17                   | 13.82  | 74                | 134.66                  | 93.99  |
| 29                | 19.71                   | 14.06  | 75                | 137.50                  | 95.85  |
| 30                | 19.26                   | 14.30  | 76                | 154.34                  | 105.29 |
| 31                | 20.17                   | 15.28  | 77                | 171.18                  | 114.73 |
| 32                | 21.08                   | 16.27  | 78                | 188.02                  | 124.18 |
| 33                | 22.00                   | 17.25  | 79                | 204.86                  | 133.62 |
| 34                | 22.91                   | 18.24  | 80                | 221.70                  | 143.06 |
| 35                | 23.82                   | 19.22  | 81                | 232.25                  | 151.45 |
| 36                | 24.63                   | 19.79  | 82                | 242.80                  | 159.84 |
| 37                | 25.44                   | 20.37  | 83                | 253.35                  | 168.22 |
| 38                | 26.26                   | 20.94  | 84                | 263.90                  | 176.61 |
| 39                | 27.07                   | 21.52  | 85                | 274.45                  | 185.00 |
| 40                | 27.88                   | 22.09  | 86                | 283.31                  | 192.39 |
| 41                | 30.35                   | 23.91  | 87                | 292.17                  | 199.78 |
| 42                | 32.82                   | 25.73  | 88                | 301.04                  | 207.17 |
| 43                | 35.28                   | 27.55  | 89                | 309.90                  | 214.56 |
| 44                | 37.75                   | 29.37  | 90                | 318.76                  | 221.95 |
| 45                | 40.22                   | 31.19  |                   |                         |        |

| Modal Premium     | Premium Factor |
|-------------------|----------------|
| Annual .....      | 1.000          |
| Semi-Annual ..... | .52            |
| Quarterly .....   | .275           |
| EFT Monthly ..... | .09            |

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

**Example:**

Table Rate X # of thousands to be Converted + policy fee of 90.00 X Premium Factor = **Modal Premium**

$$[ (\underline{\$23.82} \times \underline{10.000}) + \underline{\$90.00} ] \times \underline{.52} = \underline{\$170.66}$$

**Your Calculations:**

Table Rate X # of thousands to be Converted + policy fee of 90.00 X Premium Factor = **Modal Premium**

$$[ ( \underline{\quad} \times \underline{\quad} ) + \underline{\$90.0} ] \times \underline{\quad} = \underline{\quad}$$

### EFT Authorization

If you wish to be billed through your financial institution, please complete the following authorization:

I authorize Consumers Life Insurance Company to initiate premium deductions from my account. The authorization will remain in effect until Consumers Life Insurance Company and my financial institution have received written notification from me within a reasonable time period to allow termination of the deduction.

Premiums are to be deducted from :  Checking  Savings  
(Please note: Not all Financial Institutions allow deductions from savings account. Please verify this information with your financial institution.)

Name and branch of bank/financial institution \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Account Holder's Signature \_\_\_\_\_

Account Number \_\_\_\_\_

Account Holder's Name \_\_\_\_\_

Transit Routing Number \_\_\_\_\_

Date \_\_\_\_\_

**Please attach a voided check for checking account for a deposit slip for savings account in order for our office to verify the bank information.**

