



**MEDICO®**

LIFE AND HEALTH INSURANCE COMPANY

P.O. Box 10386

Des Moines, IA 50306-0386

Toll Free 1-800-228-6080

## APPLICATION TO CONVERT GROUP LIFE INSURANCE

Upon leaving your employment or otherwise becoming ineligible for group insurance you are eligible to convert your Group Life Insurance coverage to an individual Whole Life Insurance plan. This can done at the regular rate for your attained age, regardless of your physical condition, provided you apply for the change within 31 days of the date your group insurance terminates.

For information about the maximum amount you may convert, see either your certificate or group policy.

To apply:

1. Complete all sections of the conversion application. Be sure your Employer completes the bottom portion.
2. Mail the completed application and your check or money order for the first premium within 31 days to the above address.  
Note that the applicable premium is determined by your nearest birthday age on the date that your group insurance eligibility terminates.
3. Premium rates are shown on the reverse side.

In accordance with and subject to all the terms and conditions of the conversion privilege contained therein, I make application to convert my insurance under said Group Policy to an individual plan, such policy to be used in accordance with the following requests and statements of fact.

<b>INSURED'S STATEMENT</b>	Name in Full		Social Security Number		Insured Under Group Policy No.	
	Resident Address Street City State Zip				Reason for such Termination Termination of Employment or Membership in Eligible Class Termination of Group Policy Other (Specify)	
	Present Occupation					
	Sex	Date of Birth	Age Nearest Birthday	Amount of Group Life Coverage	Last Date of Active Work Mo Day Yr	
	Face Amount of Conversion \$		Premiums \$	To Be Paid <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly		Automatic Premium Loan Provision Desired? (at no extra cost) <input type="checkbox"/> Yes <input type="checkbox"/> No
	Primary Beneficiary				Relationship	
	Secondary Beneficiary				Relationship	
	If Beneficiary is Other Than Relative, Give Address					
	Any beneficiary designation in an individual policy issued pursuant to this application under the provisions of the section of the group policy entitled "Conversion" shall, if different from the designation for the group policy, be deemed notice of change of beneficiary for any claim presented under the section of the group policy entitled "Extension of Employee Life Insurance During Total Disability."					
	Under penalties of perjury, I certify by my signature on this application, that the information provided in this application is true, correct, and complete.					
Signed at (City) _____, State of _____, this _____ day of _____, 20 _____						
Witnessed by _____ Signature of Applicant in Full						
<b>EMPLOYER</b>	Date Insured Terminated Employment		Date Insured Ineligible for Insurance		Date Group Policy Terminated	
	Name of Employer Providing Group Policy				Group Life Insurance Amount	
	Signature of Person Authorized to Certify for Group Policy Owner				Group Policy Number	
Signature of Person Authorized to Certify for Group Policy Owner Month Date Year						
Home Office Endorsement						



**MEDICO®**

LIFE AND HEALTH INSURANCE COMPANY

P.O. Box 10386

Des Moines, IA 50306-0386

Toll Free 1-800-228-6080

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 and add a \$30.00 policy fee. Then multiply the basic annual premium by the desired mode premium factor for your premium payment.

(\*) Note: Rates are calculated on attained age, not calendar age. If your next birthday is less than 7 months after your Group Insurance termination date, add one year to your calendar age to compute premium. If your next birthday is more than 7 months from this date, use your present age.

AGE NEAREST BIRTHDAY	ANNUAL PREMIUMS PER THOUSAND	
	MALE	FEMALE
15	9.07	8.00
16	9.41	8.31
17	9.75	8.64
18	10.12	8.99
19	10.48	9.35
20	10.82	9.72
21	11.13	10.05
22	11.44	10.38
23	11.75	10.74
24	12.07	11.07
25	12.42	11.44
26	12.79	11.80
27	13.19	12.17
28	13.62	12.57
29	14.09	12.98
30	14.67	13.52
31	15.25	14.04
32	15.89	14.62
33	16.57	15.23
34	17.30	15.85
35	18.05	16.48
36	18.85	17.12
37	19.66	17.76
38	20.54	18.42
39	21.45	19.11
40	22.39	19.83
41	22.38	20.56
42	24.40	21.32
43	25.50	22.11
44	26.63	22.98
45	27.86	23.90
46	29.19	24.91
47	30.60	25.99
48	32.10	27.14
49	33.61	28.30
50	35.37	29.62
51	36.96	30.76
52	38.59	31.91
53	40.30	33.13
54	42.09	34.45
55	44.00	35.89
56	46.01	37.46
57	48.16	39.19
58	50.47	41.10
59	52.95	43.24
60	55.88	45.88
61	58.72	48.62
62	61.77	51.65
63	65.04	54.96
64	68.59	58.55
65	72.44	62.44
66	76.62	66.67
67	81.17	71.18
68	85.99	76.00
69	91.03	81.05
70	96.75	86.71

Mode (√)	Premium Desired	Factor
( )	Annual	1.000
( )	Semi-Annual	.520
( )	Quarterly	.265

**Example:**

Conversion of \$10,000 Group Life for a 45-year-old male to \$10,000 Whole Life Plan payable quarterly:

$$\text{\$ } 27.86 \times 10,000 + \text{\$ } 30.00 = \text{\$ } 308.60 \text{ base annual premium}$$

$$\text{\$ } 308.60 \times .265 = \text{\$ } 81.78 \text{ quarterly premium to be submitted}$$

**Your Calculations**

Table Rate	X	# of Thousands To Be Converted	+	Policy Fee	=	Base Annual Premium
_____	X	_____	+	\$30.00	=	\$ _____

Base Annual Premium	X	Premium Mode Factor	=	Premium Due
_____	X	_____	=	_____

Please remit premium due with this application.

AGE NEAREST BIRTHDAY	ANNUAL PREMIUMS PER THOUSAND	
	MALE	FEMALE
71	102.09	92.05
72	107.64	97.60
73	113.50	103.47
74	119.81	109.77
75	126.66	116.62
76	134.16	124.12
77	142.25	132.22
78	150.90	140.86
79	160.06	150.02
80	169.73	159.69