GROUP BENEFIT SOLUTIONS

APPLICATION
FOR
CONVERSION OF GROUP TERM LIFE INSURANCE
TO AN
INDIVIDUAL WHOLE LIFE POLICY

Underwritten by
Life Insurance Company of North America (LINA)

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Life Insurance Company of North America
Your Rights Upon Termination or Reduction of Your Life Insurance

Conversion Privilege

Your group life insurance policy contains a ***conversion privilege*.** This means that if your group life insurance ends due to termination of employment or termination of membership in an eligible class under the group policy, you have a right to purchase an individual whole life insurance policy, with an amount of life insurance not exceeding the amount of group life insurance which has terminated.

You do not need to provide proof of good health. However, you must apply for this policy, and pay the first premium, within 31 days of the date that your group life insurance ended.

This policy will be an individual whole life insurance policy. This policy is noncancellable, and premium rates are guaranteed. Premium rates are based on your age when you purchase the individual policy and do not increase as you get older. The policy will, if it is kept in force, build cash value, which can be used for policy loans, or to provide a reduced amount of life insurance that is paid-up (i.e. no further premium payments are required).

Portability

Your group life insurance policy may also provide *for a* ***portability feature***, which allows for group term life insurance to be continued on a direct bill basis, if your life insurance ends due to termination of employment or membership in an eligible class. Premium rates are based on our claim experience for all former employees continuing life insurance through portability and are generally higher than premium rates charged for active employees under the group policy. Initial premium rates are generally lower than initial premium rates for an individual whole life insurance policy issued under the conversion privilege, but are not guaranteed, and will increase with age. This insurance is term life insurance, which does not build cash value.

Please read your certificate of insurance to find out if your group life insurance policy provides this portability feature, and how much life insurance can be continued. If your group life insurance policy provides for portability, you must choose whether to exercise this portability right, or to purchase an individual whole life insurance policy. You cannot choose both, unless the group policy permits portability for only part of the group life insurance cover- age (e.g., voluntary life insurance), in which case you can choose portability to the extent it is permitted, and convert the rest of the terminating life insurance to an individual policy.

What If My Life Insurance Is Reduced?

If your group life insurance coverage is reduced due to a change in eligible class (e.g., from active employee to retiree), you may convert the amount of coverage that is reduced to an individual whole life insurance policy. Please refer to your certificate of insurance to see if reductions in life insurance in other circumstances will allow you to convert. Generally, reductions in life insurance cannot be converted if they are due to (1) reaching a certain age, e.g., age 65; or (2) amendment of the group insurance policy. Reductions in life insurance due to reduction in your earnings (where group life insurance is based on your earnings), or reduction in your hours (unless this causes you to become insured under a different class of employees, e.g. part-time employees), cannot be converted.
Portability is only available if your employment terminates, or if your life insurance ends due to loss of eligibility. Portability is not permitted for reductions of group life insurance.

What If the Group Policy Is Terminated Or Amended?

If your group life insurance ends because the group policy has been terminated or amended, you may have a right to convert a portion of the life insurance to an individual whole life insurance policy. Generally, the amount of life insurance that can be converted is limited to $10,000 and is only available to employees who were insured under the group policy (or another group policy issued to the same employer) for three years or more. Please refer to your certificate of insurance for details.

If the terminated group life insurance is replaced within 31 days, the amount of life insurance that you can convert will not exceed the amount by which group life insurance was reduced, if any. For example, if your employer terminates its New York Life Group Benefit Solutions (NYL GBS) life insurance policy and replaces it with another group life insurance policy that provides an equal or greater amount of life insurance, the conversion privilege is not available.

Portability is not available if coverage ends due to termination or amendment of the group insurance policy.

What If My Life Insurance Has Been Continued Under The Group Insurance Policy's Waiver of Premium Feature?

Some group life insurance policies provide that group life insurance may be continued for totally disabled employees under the waiver of premium feature. This coverage will end when you reach a maximum age limit (usually, age 65), or fail to provide proof that you continue to be disabled. If your continued group life insurance ends due to one of these reasons, you can convert to an individual whole life insurance policy. The application process is the same, except that, you will receive the applications with a letter from New York Life Claims.

How Long Do I Have To Convert?

You will have the **later of** 31 days from your group coverage end date or 15 days from the date of your notification, provided by your Employer in the Employer Section of this application, to submit this completed application to us.

However, under no circumstances will the 15-day extension go beyond 91 days from your coverage end date, whether or not you have received this brochure or other written notice.

If your group life insurance policy includes the portability feature, that right may be exercised during the same period of time in which you have to exercise the conversion privilege.

What About My Dependents?

The right to convert group life insurance to an individual whole life policy is also available to your insured dependent spouse and children, in the following circumstances:

1. Your group life insurance ends.
2. Your spouse's group life insurance ends due to divorce, annulment, legal separation, or reaching the age limit in the group policy.
3. A dependent child's coverage ends due to reaching the maximum eligibility age provided for in the policy (e.g., age 26), or due to marriage or ceasing to be financially dependent. (Refer to your certificate of insurance to see when a dependent child's coverage ends.)
4. Your spouse's or a dependent child's coverage ends due to your death.

Each person (you, your spouse, or your dependent children) who is eligible to convert will be issued his or her own individual whole life insurance policy.

A dependent's right to purchase an individual whole life insurance policy must be exercised within 31 days of termination of group life insurance.

The group life insurance policy may provide that dependents will have the right to exercise the portability feature. Please refer to your certificate of insurance to see if this option is available. If this option is provided:

1. If you choose to exercise the portability feature due to termination of your employment, or membership in an eligible class, you may also choose to insure any dependents (spouse or children) who were insured when your group life insurance ended.
2. Your spouse may choose to exercise the portability feature if his or her life insurance ends due to divorce, annulment or legal separation.
3. Each dependent child whose life insurance ends due to reaching the age limit (or otherwise no longer being eligible for group life insurance, e.g., due to marriage) can choose to exercise the portability feature for himself or herself.
4. If your spouse's group life insurance ends due to your death, your spouse may continue life insurance for himself or herself, and may also continue insurance for any dependent children who were insured under the group policy on your date of death.

How Much Does This Life Insurance Cost? And How Do I Apply?

A table of rates, and a premium calculation worksheet, for the individual whole life insurance policy is included with this brochure.

If your group life insurance policy includes a portability feature, you should have also been provided a table of rates for continuing group life insurance. Please note, these rates are generally higher than premium rates under the policy for active employees.

An application for an individual whole life insurance policy is included, and also an application to continue life insurance under the portability feature, if applicable.

Each insured must complete, sign and date a separate application for conversion of Group Life Insurance. You must calculate your insurance age and premium for the amount you selected. (See the instructions for calculating your insurance age and premium, included in this booklet.)

If your certificate of insurance includes the portability feature, but a portability application was not provided to you, please contact your employer.

Please note that the application includes a section that must be completed by your employer. This may have been filled out by your employer before it was given to you. If it is blank, please go ahead and submit the application without this section completed and we will obtain the required information from your employer. If you received a cover letter from a NYL GBS claim or customer service center, or your former employer, please provide that letter along with your application.

Please submit the completed application(s), and the initial quarterly premium payment(s) made payable to **Life Insurance Company of North America (LINA)**, to the address shown below by the deadline. Payments should be made via check or money order, we cannot accept cash.

Amwins Group Benefits, LLC
P.O. Box 152501
Irving, TX 75015-2501

or

Amwins Group Benefits, LLC (Overnight Address only)
8505 Freeport Parkway South
Suite 500
Irving, TX 75063

Fax Number: 469-417-1675

E-Mail: AGBLSouth-NYLCustomerService@amwins.com

How Long Can This Life Insurance Be Continued In Force?

If you purchase an individual whole life insurance policy under the conversion privilege, that policy can be continued in force for your lifetime, or age 100, provided that you pay premiums when due. Coverage will not reduce due to age.

If you continue life insurance under the portability feature, coverage can generally be continued in force until you reach age 70, provided that you pay premiums when due. Coverage may reduce due to age, if provided for by the group policy. In most cases, if you have continued group life insurance under the group policy, it may be continued even after the group policy has terminated. However, if the group policy provides that continued group life insurance will end if the group policy is terminated, you will have a right to purchase an individual whole life insurance policy under the conversion privilege at that time. Please refer to your certificate of insurance for specific information.

To Whom Will Life Insurance Benefits Be Paid?

You must designate a new life insurance beneficiary (or beneficiaries) when you convert to an individual whole life insurance policy, or exercise the right to portability. Any beneficiary designation which you made under the group life insurance policy will not automatically carry forward. Space to designate beneficiaries is included in the conversion and portability applications.

When Does Converted or Continued Insurance Go Into Effect? What Happens If I Die Before Then?

If you purchase an individual whole life insurance policy under the conversion privilege, that policy will go into effect on the 32nd day after your group life insurance ends. This is the effective date (and premiums will start as of that date) whether you apply early, or if you apply after 31 days but before the deadline.

If you die during the first 31 days after your group life insurance ends, the group life insurance policy provides that a death benefit will be paid, to your beneficiary (or beneficiaries) in effect under the group life insurance policy. The amount of this death benefit will be the amount that you could have converted. (Depending on the reason that you are eligible to convert, this might be less than the amount of life insurance that was provided to you under the group life insurance policy.) This death benefit will end 31 days after your group life insurance ends, even if your deadline to convert has been extended based on when you received this brochure or other written notice.

If you instead choose to exercise the portability feature, you will be required to pay premiums from the first of the month following the date that your group life insurance eligibility ended.

Instructions for Calculating Your Insurance Age and Premium

After you have selected the amount of insurance you wish to convert, you can calculate your Insurance Age and premium using the example below:

Calculate your Insurance Age:

1. Determine the effective date of your new policy, which is usually 31 days immediately following your termination of your group life insurance coverage.
2. The age you will be six months from the effective of the new whole life insurance policy is your "Insurance Age". If your birthday falls within that six-month period, you must add one year to your present age, otherwise use your present age.

   For example:

a)	Date of Birth:	March 1, 1973
b)	Age in March 2023:	50
c)	Date Group Insurance Ended:	November 14, 2023
d)	Effective Date of New Policy:	December 15, 2023
e)	Your Age Six Months from December 15, 2023 = Insurance Age	June 15, 2024 51

3. To determine your annual premium rate, first determine your "Insurance Age" as defined in step 2. Then refer to the rate table included in this document.
4. Calculate your premium using the included worksheet.

Calculate Your Premium:

1. Number of $1,000 units of insurance being converted, up to the amount terminating under your group life insurance policy (e.g., $11,500 equals 11.5) _____
2. Enter the rate per Unit for **Your Insurance Age**
   - Use the rate table found later in this brochure _____
3. Annual Premium…Multiply (1) X (2) _____
4. Annual Policy Administration Fee $100.00
5. Annual Payment…Add (3) & (4) _____
6. Enter the appropriate payment frequency factor:

Annual Payment	x 1.00
Semi-Annual Payment	x 0.50
Quarterly Payment	x 0.25

   _____
7. Total Payment Due …. Multiply (5) x (6) _____

This is your total initial payment amount due. Send a check or money order for this amount payable to **Life Insurance Company of North America (LINA**).

Monthly payments are also available by using the **Electronic Funds Transfer (EFT)** option. An automatic monthly deduction would be made from your personal checking account to pay your premiums. If you are interested in this option, please indicate "yes" in the space provided on the application form. An authorization form will be sent to you upon receipt of your application. **Your initial payment must be for at least the quarterly amount and must be included with your application.**

Examples:

Step	Age 60 $22,000 Face Annual Payment	Age 49 $53,000 Face Semiannual Payment	Age 36 $8,500 Face Quarterly Payment
1	22	53	8.5
2	$51.24	$29.52	$16.32
3	$1,127.28	$1,564.56	$138.72
4	$100.00	$100.00	$100.00
5	$1,227.28	$1,664.56	$238.72
6	1.00	.50	.25
7	$1,227.28	$832.28	$59.68

Special Notes:

- If you were covered for Basic and Supplemental Life Insurance and you are converting both benefit amounts, add the two amounts together and indicate the total amount on the application. Only one Individual Whole Life insurance policy will be issued.
- The Annual Policy Administration Fee is an annual fee which is included in the calculation of your payment.
- You cannot increase your Individual Whole Life insurance coverage once issued.

Checklist:

- Did you calculate your correct Insurance Age?
- Did you indicate the amount of insurance you wish to convert?
- Did you double-check your premium calculation and indicate the mode of payment?
- Did you designate your Beneficiary(ies)?
- Has each Insured signed and dated their own conversion application and included their initial payment?
- Please have your Employer complete Page 10, **Employer Verification & Notice of Right to Convert**.

If you have any questions or need assistance in completing this application, please call our toll-free number 1-800-423-1282, Monday through Friday, 8:00 A.M. to 4:30 P.M. (CST).

Annual Rate Per $1,000					
Insurance Age	**Rate**	**Insurance Age**	**Rate**	**Insurance Age**	**Rate**
Under 1	6.24	34	15.00	68	79.68
1	6.36	35	15.72	69	84.84
2	6.48	36	16.32	70	90.24
3	6.48	37	17.04	71	95.59
4	6.60	38	17.88	72	101.28
5	6.72	39	18.60	73	107.34
6	6.84	40	19.44	74	113.83
7	7.08	41	20.40	75	120.82
8	7.20	42	21.36	76	128.34
9	7.44	43	22.20	77	136.45
10	7.56	44	23.40	78	145.16
11	7.80	45	24.48	79	154.44
12	8.04	46	25.68	80	164.30
13	8.16	47	26.88	81	174.75
14	8.40	48	28.20	82	185.79
15	8.64	49	29.52	83	197.51
16	8.76	50	30.96	84	209.98
17	9.00	51	32.52	85	223.35
18	9.12	52	34.20	86	237.79
19	9.36	53	35.88	87	253.51
20	9.60	54	37.68	88	270.84
21	9.84	55	39.60	89	290.20
22	10.08	56	41.64	90	312.14
23	10.32	57	43.80	91	337.44
24	10.56	58	46.20	92	367.21
25	10.92	59	48.60	93	403.17
26	11.28	60	51.24	94	448.15
27	11.64	61	54.00	95	507.56
28	12.00	62	57.00	96	591.41
29	12.36	63	60.12	97	719.08
30	12.84	64	63.36	98	919.40
31	13.32	65	66.84	99	1,173.58
32	13.80	66	70.68		
33	14.40	67	75.00		

NEW YORK LIFE GROUP BENEFIT SOLUTIONS

CLEAR FORM

Application for Conversion of Group Life Insurance

Underwritten by Life Insurance Company of North America (LINA)
(Herein called the Insurance Company)

Each insured must complete, sign and date a separate Application for Conversion of Group Life Insurance (copies of this form are acceptable). The following information must be completed by each insured.

Your application and premium payment must be submitted within **the later of**, 31 days of your coverage end date, or 15 days from your date of notice.

However, you will not, under any circumstance have more than 91 days from your coverage end date.

Section A: Insured Information

Please print (preferably in black ink)

Employer Name	**Group Policy Number**	**Group Class Number**

Insured Name (First)	(Last)	(Middle)

Employee Name (First)	(Last)	(Middle)	**Social Security Number**

Address	**City**	**State**	**Zip Code**

Date of Birth	**Social Security Number**	**Phone Number and/or Email Address**

What was your last day worked? (if applicable)	Were you disabled on your coverage end date? ☐ Yes ☐ No
Reason for Loss of Coverage	Was the NYL GBS Policy (referenced above) cancelled? ☐ Yes ☐ No

Note: If the NYL GBS Policy was cancelled, please refer to your certificate for potential limitations to the amount of coverage eligible for Conversion.

Was the group coverage replaced by another carrier? ☐ Yes ☐ No

What is the amount of coverage you wish to convert? $ _____

How do you want to pay premiums? ☐ Annually ☐ Semi-Annually ☐ Quarterly (default)

What is the amount of payment being submitted with this application? $ _____

Note: Your initial payment must be for at least the quarterly amount and must be included with your application.

Please indicate if you would like to elect the Automatic Premium Loan provision ☐ Yes ☐ No

Please indicate if you would like to make monthly payments using Electronic Funds Transfer (EFT) ☐ Yes ☐ No

Note: Your policy must be made current before the monthly EFT can be become effective.

While still under the group coverage, or when your coverage ended, did you apply for the following: (check all that apply)

☐ **Portability**	☐ **Waiver of Premium**	☐ **Terminal Illness Benefit (TI)**
Date of Application _____	Date of Application _____	Date of Application _____

Insured Name _____ **Social Security Number** _____

Beneficiary Designations

Primary and Contingent Beneficiaries - Unless you designate a percentage, proceeds are paid to primary surviving beneficiaries in equal shares. Proceeds are paid to contingent beneficiaries only when there are no surviving primary beneficiaries.

If you designate contingent beneficiaries and do not designate percentages, proceeds are paid to the surviving contingent beneficiaries in equal shares.

Unless otherwise provided, the share of a beneficiary who dies before the insured will be divided proportionately among the surviving beneficiaries in the respective category (primary or contingent).

Please print (preferably in black ink)

Primary Beneficiary Name	**Percentage** ***Must equal 100%***	**Social Security Number**	**Date of Birth** ***Month/Day/Year***	**Relationship**
	%			
	%			
Contingent Beneficiary Name	**Percentage** ***Must equal 100%***	**Social Security Number**	**Date of Birth** ***Month/Day/Year***	**Relationship**
	%			
	%			

If you need additional space to indicate your beneficiary designations, attach a separate page using the above format including the appropriate policy number, the date, and your signature.

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

Your Spouse's Signature: _____ **Date:** (Month/Day/Year) _____

Important Notice to the Employee & Signature

If the ownership of this coverage had been previously assigned to someone other than the insured, it is the Owner that should sign below accordingly and provide the assignment documentation with the application.

Your eligibility for Life Insurance under the Group Insurance Policy issued by Life Insurance Company of North America to the Policyholder has ceased. You are hereby notified that under the terms of the Group Policy, you may, subject to the terms of the Policy, convert all or part of your Life Insurance coverage under the said Policy to an individual Policy. The Individual Policy will not contain disability or supplemental benefits.

I have read the above questions and answers, and hereby declare that they are complete and true, and I agree that this application shall form a part of any policy issued. I understand that I am eligible to convert an amount not to exceed the amount of coverage in effect on the date my group life insurance terminated; I represent that the amount of coverage applied for above does not exceed the amount I am eligible to convert. I further agree that while my application to convert under the terms of the group policy is being reviewed, the Insurance Company may deposit the payment submitted with the application. If I am later determined not to be eligible to convert my group insurance, the sole obligation of the Insurance Company shall be to refund the premiums paid.

Applicant/Owner's Signature: _____ **Date:** (Month/Day/Year) _____

Please note: A separate application must be completed & signed for each applicant. A Parent or Guardian should sign if the applicant is under age 18.

Send the completed application, the Employer Notice of Right to Convert page and initial payment made payable to **Life Insurance Company of North America (LINA)** to the address shown below. Payments should be made via check or money order; we cannot accept cash.

Amwins Group Benefits, LLC
P.O. Box 152501
Irving, TX 75015-2501

or

Amwins Group Benefits, LLC (Overnight Address only)
8505 Freeport Parkway South
Suite 500
Irving, TX 75063

Employer Verification & Notice of Right to Convert

Underwritten by Life Insurance Company of North America (LINA)

This section of the form must be completed by the Policyholder/Employer/Administrator

This serves as verification of certain group eligibility elements for the Employees Spouses and Children related to employment and the Life Insurance coverage that was active under the group upon the eligibility end date.

Remember that the Applicant has a strict deadline to submit this application.
If the Employees coverage ended due to group cancellation of contract, there may be applicable limits.

Please print (preferably in black ink)

Employer Name	**Group Policy Number**	**Group Class Number**
Name of Employee	**Date of Hire**	**Last Date Worked**
Employee Employment Termination Date	**Coverage End Date**	**Salary (as of Last Date Worked)**

Reason for Coverage Loss

☐ Retirement ☐ Termination of Employment ☐ Other (Describe): _____

Name of Insured (if not the Employee)	**Coverage End Date**	**Relationship to Employee**
		☐ Spouse ☐ Child

Reason for Coverage Loss

☐ Divorce or Annulment ☐ Legal Separation ☐ Death of Employee

☐ Other (Describe): _____

Basic Life Coverage	**Employee**	**Spouse**	**Child**
Group Coverage Effective Date			
Basic Life Coverage Amount			
Has a Terminal Illness benefit* been paid?	☐ Yes ☐ No	☐ Yes ☐ No	N/A
If the Coverage has been reduced due to age, please enter the reduced amount.			N/A
Voluntary Life Coverage	**Employee**	**Spouse**	**Child**
Group Coverage Effective Date			
Voluntary Life Coverage Amount			
Has a Terminal Illness benefit* been paid?	☐ Yes ☐ No	☐ Yes ☐ No	N/A
If the Coverage has been reduced due to age, please enter the reduced amount.			N/A

**If a Terminal Illness Benefit (TI) was paid under the group policy for any coverage listed above for an insured, the full amount of group coverage without the TI reduction must be completed on this application to receive the remaining balance.*

Verification of the Information Above was provided by:

Employer/Policyholder Signature:	**Date:** (Month/Day/Year)
Email Address:	Telephone Number:

Make a copy of this form for your file. This is for your own protection to ensure proper notification has been given.