

# Lewisville ISD

## Exit Package: What Happens to Benefits when you Leave the District?



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The information on the following pages contains information and forms to assist with continuing eligible benefits when you are leaving employment with Lewisville ISD. Some of these benefits are “portable” and some are covered by “COBRA.”

**PORTABLE** means that you can choose to pay the premiums directly to the contracted vendor and continue these benefits for you and your family members (if applicable).

**COBRA** is a U.S. Congress-passed Bill called Consolidated Omnibus Budget Reconciliation Act of 1985. The health benefit provisions of the law amends the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Service Act to provide continuation of group health coverage that otherwise might be terminated. COBRA contains provisions giving certain former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates.

Group health coverage for COBRA participants is generally more expensive than health coverage for active employees, since usually the employer pays a part of the premium for active employees while COBRA participants typically pay the entire premium themselves. It is ordinarily less expensive, though, than individual health coverage.



## Lewisville ISD Supplemental Benefits

PLAN	VENDOR INFO	COBRA	PORTABLE AND/OR CONVERTIBLE	PLAN TERMINATES WHEN YOU DO	CAN NO LONGER CONTRIBUTE; BUT IT'S YOUR MONEY/ACCT	WHAT HAPPENS NEXT?
<b>Medical</b>	TRS 866.355.5999	✓				You will receive a letter from BSwift
<b>Vision</b>	United Health Care 800.638.3120	✓				You will receive a letter from FFGA
<b>Dental</b>	MetLife 800.942.0854	✓				You will receive a letter from FFGA
<b>Disability Plan</b>	The Standard 800.247.6888			✓		Nothing, coverage stops as of the date of your benefits termination with the district
<b>Term Life and AD&amp;D</b>	Unum 800.421.0344		✓			Complete attached forms and mail to Unum within 31 days
<b>Legal Plan</b>	LegalEASE 800-562-2929		✓			You must call within 31 days to setup auto-payment
<b>Critical Illness</b>	Metlife 800.942.0854		✓			You can reach out to MetLife for portability information
<b>Hospital Indemnity Plan</b>	Aflac 800.992.3522		✓			You can reach out to Aflac for portability information
<b>Individual Life Insurance</b>	Texas Life 800-283-9233		✓			Fill out the attached forms and mail to Texas Life within 31 days
<b>Emergency Ambulance Service</b>	MASA 800.423.3226		✓			You can reach out to MASA for portability information
<b>Retirement Savings</b>	TCG Administrators 800.943.9179				✓	Your account will continue to be invested
<b>Flexible Spending Accounts (FSA)</b>	FFGA 866.853.3539	✓				You will receive a letter from FFGA
<b>Health Savings Account (HSA)</b>	FFGA 866.853.3539				✓	The HSA Account will continue to be invested



## TRS Medical

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### **TRS Medical is convertible to COBRA**

TRS ActiveCare members are eligible for COBRA. The TRS ActiveCare COBRA Administrator at BSwift will send you a letter to your home via USPS to explain your options. If, after 45 days of leaving the district, you have not received information from BSwift, please call 833-682-8972.

## Dental and Vision Plans

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### **Dental and Vision are convertible to COBRA**

Like TRS ActiveCare above, your United Health Care Vision and MetLife Dental are COBRA eligible. The Dental and Vision COBRA are administered through First Financial Group of America. The FFGA COBRA Administrator will send you a letter via USPS to explain your options. If after 45 days of leaving the district, you have not received information from the First Financial, please contact First Financial Administrators, Inc. at 800-523-8422 or by e-mail at [cobra@ffga.com](mailto:cobra@ffga.com).

## Term Life and AD&D Plan by Unum

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Your Term Life is both convertible and portable. To convert or port your plan you must first, have your employer complete and sign section 1 of either form. Once section 1 is completed by your employer, complete the rest of the document and mail to Unum Insurance with your monthly premium payment within 31 days of your separation from employment. An information sheet has been provided to better explain your options on pages 6 and 7. The portability and conversion forms are on page 8 (portability) and page 11 (conversion). If you have any questions, you can contact Unum Insurance at 800.421.0344.

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## Legal Assistance Plan

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### Legal Plan by LegalEASE

You may continue your legal insurance by converting to an individual plan. Simply contact LegalEase within 31 days of your separation from employment to make payment arrangements. You can contact LegalEase at 888.416.4313

## Flexible Spending Account

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### FSA is convertible to COBRA

FSA Cobra is only available if the participant has unused funds and continues to contribute to the account during the plan year. If a participant leaves the district at the end of the plan year—the account ends and no new elections can be made. For example, your termination date is 8/31 and you currently have a flex spending account that also ends 8/31, you cannot start a new account effective 9/1; or if your last day is 7/30, and your flex account ends 8/31 and you have funds left, you can contribute the final month of payments and use their account through 8/31. Keep in mind: It is a “use it or lose it” account.

## FICA, 457 and 403(b) Retirement Savings

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### Retirement savings accounts continue to be invested

Separation from employment is a qualifying event and thus allows you to remove your funds from your account if you wish. If you choose to keep your funds in your Retirement Savings Account they will continue to be invested. You can also contact your Investment Provider directly to inquire about other investment options they offer.

## Health Savings Account (HSA)

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### Health Savings Account continue to be invested

Once you have established an HSA it is yours regardless of employment. Once you reach age 65 your funds can be withdrawn at any time and are only subject to ordinary income tax. However, you may avoid any tax by continuing to use the funds for qualified medical expenses. For those over age 65 premiums for Medicare Part A or B, Medicare HMO and employee premiums for employer sponsored health insurance can be paid from an HSA. For those electing COBRA Continuation Coverage your premium payments may also be paid from an HSA.

## Critical Illness Plan

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### Critical Illness Plan by MetLife Insurance

This benefits is portable and also may be COBRA eligible. If you would like to convert your critical illness plan to an individual policy, simply submit a letter to MetLife Insurance informing them you would like to continue your Critical Illness Plan within 31 days of your separation from employment. Your letter will need to include your personal information, policy number and monthly premium payment. You can mail these documents to: MetLife, PO BOX 371487, Pittsburgh, PA 15250-7487. Should you have any other questions you can contact MetLife directly at 800.438.6388.

## Hospital Indemnity Plan

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### Hospital Indemnity Plan by Aflac

You may continue this insurance by converting to an individual plan. You will receive a letter within 15 days of your separation from service from Aflac Insurance detailing how to continue your Hospital Indemnity Plan. If you have any other questions you can contact Aflac directly at: 800.992.3522.

## Individual Life Insurance

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### Individual Life by Texas Life Insurance

The rate of the individual life insurance you purchased is guaranteed to remain the same to age 100—and the policy remains intact until age 120. This policy is intended to provide coverage until your death. With individual life insurance, the policy is portable—so, regardless of your employment status, a benefit will be provided as long as premiums have been paid and the contract is in force when you die. The Request For Service forms must be filled out and submitted to Texas Life within 31 days of your separation of employment for you to retain your coverage. You can either mail the forms to: Texas Life at PO Box 830, Waco, TX 76703, or call 800.283.9233.

## Emergency Ambulance Service

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### Emergency Ambulance Service by MASA Assist

Moving this plan from payroll deduction to automatic bank withdrawal is easy. Simply call 800.643.9023 or visit [www.masaassist.com](http://www.masaassist.com) and request the option to pay monthly with a credit card.



## What do I need to do to convert or port my coverage?

Convert	Port
Have your employer complete Section 1 of the life conversion form.	Have your employer complete Section 1 of the life/AD&D portability form.
Complete Section 2 of the conversion form yourself.	Complete Section 2 of the life/AD&D portability form yourself.
Both	
Submit your initial premium payment† with the appropriate form no later than 31 days after your coverage ends to:  Unum Life Insurance Company of America Portability and Conversion Unit 2211 Congress Street Portland, ME 04122  Remember to designate a beneficiary and sign and date the election form.  You have three ways to pay: Quarterly, semi-annually, or annually	

**!** **Important:** Don't miss your chance to keep your life insurance. After your coverage ends, you have just 31 days to apply.

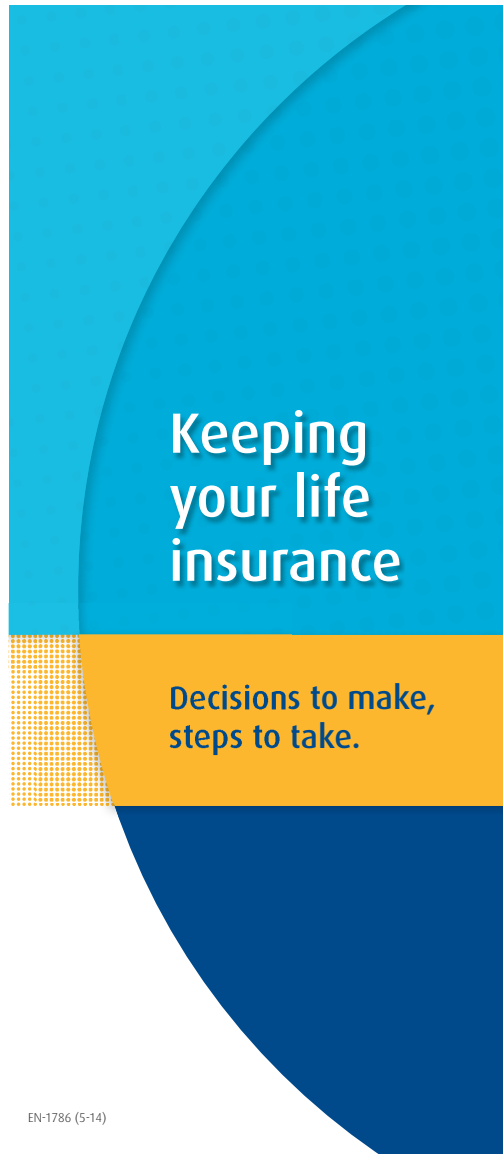
**?** **Questions?** Please call (800) 421-0344.

† In NY premiums are not required at the time when the portability application is sent in. Group life insurance is underwritten by Unum Life Insurance Company of America, Portland, Maine

In New York, underwritten by First Unum Life Insurance Company, New York, New York  
unum.com

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EN-1786 (5-14) FOR EMPLOYEES



EN-1786 (5-14)

When your relationship with your employer changes — either because you're leaving the company, you've become disabled, or you're no longer eligible for coverage — you'll want to take steps to preserve your life insurance.

If your family's financial security and plans for the future — such as paying for college or staying in your home — are important to you, taking your life insurance with you is a smart move.

Depending on your circumstances, you may have two options for keeping your coverage:

### 1 Conversion

Change your group term life coverage to an individual whole life policy, which builds cash value. You pay the premium at individual rates. The right to convert your policy is guaranteed by law under certain circumstances.

### 2 Portability

Take your group term life coverage with you and pay for it at group rates. This coverage does not build any cash value. This option is also called "porting" your coverage.

**Note:** This brochure is intended to help you decide which approach is best for you.

## When can I convert or port my life insurance?

The table below shows the circumstances under which you are eligible to convert or port your coverage.

	Can convert coverage	Can port coverage
Retiring from the company	X	X
Employment has been terminated	X	X
Hours have been reduced so that you no longer qualify for your coverage	X	X
Leaving because of an illness or injury that impacts your life expectancy	X*	
Employer has cancelled the group policy, or Unum has made changes that make you ineligible for coverage	X**	

**!** **Important:** Don't miss your chance to keep your life insurance. After your coverage ends, you have just 31 days to apply.

**?** **Questions?** Please call (800) 421-0344.

\* State variations apply.

\*\* Available only if you have been insured under the plan for at least five years. You can convert to a policy with a maximum benefit of \$10,000.

	Conversion	Portability
Coverage available to convert or port	Life insurance only	Life insurance and AD&D
<b>Dependents' options</b>		
When can dependents convert or port coverage?	Dependents can convert their coverage if the employee is eligible to convert, or if the employee dies while covered under the group plan. Dependents can convert even if the employee does not.	<ul style="list-style-type: none"> <li>Dependents can port their coverage if the employee ports.</li> <li>If the employee dies, the spouse must port coverage in order to port children's coverage.</li> <li>Spouses can port coverage for themselves and their children if they are divorced from the employee. However, children's coverage can be ported under the employee's or spouse's coverage, but not both.</li> </ul> Once children lose their dependent status, their coverage ceases.
Can dependents be added after coverage is converted or ported?	<b>No.</b> Dependents who did not convert their coverage when the employee did can't be added or convert their coverage later.	<b>Yes.</b> Dependents may be added at any time for the amounts allowed under the group plan (subject to evidence of insurability: medical exam and/or questions).
<b>Maximum coverage amounts</b>		
What are the maximum coverage amounts for employees?	Maximum coverage amount is the amount for which you were insured under the group plan. If you have been insured for at least 5 years and your employer has cancelled the group policy, or Unum has made changes that make you ineligible for coverage, the maximum will be the lesser of: <ul style="list-style-type: none"> <li>\$10,000; or</li> <li>Your coverage amount under the plan minus any other group coverage that your employer makes available with 45 days.</li> </ul>	The maximum coverage amount is the lesser of: <ul style="list-style-type: none"> <li>Your group maximum benefit;</li> <li>5X your annual salary; or</li> <li>\$750,000 from all Unum life and AD&amp;D plans combined.</li> </ul> If your group policy offers a "retiree" class or coverage, you can port the difference between the group and retiree coverage amounts. AD&D cannot exceed the ported life amount.
What are the maximum coverage amounts for dependents?	Same as for employees.	<b>Spouse:</b> <ul style="list-style-type: none"> <li>50% or 100% of the employee's ported coverage depending on the group contract</li> </ul> <b>Child:</b> <ul style="list-style-type: none"> <li>50% or 100% of the employee's amount (varies by contract); or</li> <li>\$20,000, whichever is less (actual amount may differ based on plan design).</li> </ul> AD&D cannot exceed the ported life amount.
<b>Rate and coverage changes</b>		
Will my rates change?	Your rate will be different when you convert the policy from a group to an individual policy. After that, you will pay the same premium for the life of the policy.	Your rate may change when you port the coverage. Also, because life premiums are based on age, your premiums will automatically increase every 5 years after you port.
Will my coverage be reduced as I get older?	<b>No.</b> Your benefit will remain the same.	<b>Yes.</b> Employee and dependent coverage will reduce on an age-related schedule, according to the group plan. <b>Note:</b> The employee can convert the difference between the age-reduced coverage amount and the prior amount.
Can I increase my coverage?	<b>No.</b> Once you have converted your coverage, you cannot increase it.	<b>Yes.</b> Life insurance coverage may be increased with evidence of insurability (medical exam and/or questions) up to the maximums shown above. You may also decrease your coverage, as long as it remains within plan guidelines.

For more details, refer to your certificate of coverage



**TERM LIFE INSURANCE ELECTION  
OF PORTABILITY COVERAGE**  
Unum Life Insurance Company of America (Unum)  
Portability Unit  
2211 Congress Street, Portland, ME 04122  
1-800-421-0344

**IMPORTANT FACTS ABOUT THE PORTABILITY PLAN:**

- **Portable coverage is not available if you or your dependents have an injury or sickness which has a material effect on life expectancy.**
- Portable coverage is provided in the form of term life insurance, which does not gain cash value.
- Life premium rates are based on age and increase automatically every 5 years. Example: age 50, 55, 60, etc.
- Coverage may reduce according to the former group insurance policy.
- You may increase coverage for you and your dependents. (Subject to the provision of the current policy and approved evidence of insurability)
- The maximum coverage is \$750,000 for all **Unum Group Life and Accidental Death and Dismemberment combined.**
- You may reduce coverage for you and your dependents at any time.
- Accidental Death and Dismemberment coverage cannot exceed Life coverage.
- Service offers such as survivor support, financial counseling or employee assistance programs do not extend to portable coverage.

**EMPLOYER COMPLETES SECTION 1:**

- If eligible, notify the employee of portability options when coverage ends.
- Complete Section 1 of the election form and provide to the participant. Incomplete election forms may result in a denial of the application.
- Separate election forms are required if portability is offered under more than one insurance policy.
- Provide the portability rates along with this form.

**EMPLOYEE COMPLETES SECTION 2:**

- Complete Section 2. Sign and date the election form before remitting to Unum. Incomplete election forms may result in a denial of the application.
- If you are unsure whether you have a condition that has material effect on your Life Expectancy, please disclose any conditions and any current medication that you are taking. Unum will review this information and if necessary request an Evidence of Insurability Form to determine eligibility.
- If you are not eligible to apply for portable coverage or your portable coverage's end, you and/or your dependents may qualify for conversion coverage.
- Portable coverage is available in amounts up to your current coverage amounts without evidence of insurability.
- If you wish to elect coverage in an amount other than your current coverage amount, provide the requested amounts. Coverage is subject to the minimum and maximum provided in the insurance policy.
- Your current beneficiary designation does not apply to portable coverage. If you do not include beneficiary information on the election form, benefit payments will be made to your estate. If you wish to add additional beneficiaries you may attach this additional information to the election form.
- An initial premium payment must be submitted with your election form within 31 days from the date your coverage ends.
- Submit your election form and the initial premium payment to:  
Unum Life Insurance Company of America (Unum)  
Portability Unit  
2211 Congress Street, Portland, ME 04122

**Before you submit your election form, did you remember to:**

- Include the initial premium payment?
- Designate a beneficiary?
- Sign and date the election form with today's date?
- Retain a copy of the form for your records.





**TERM LIFE INSURANCE ELECTION OF PORTABILITY COVERAGE**

Unum Life Insurance Company of America (Unum)  
Portability Unit , 2211 Congress Street, Portland, ME 04122  
1-800-421-0344

**EMPLOYER COMPLETES SECTION 1:**

Company Name:		Group Policy and Division Number:
Employee Name (Last, First, MI):		Reason for Loss of Coverage: <input type="checkbox"/> Terminated Employment <input type="checkbox"/> Retired <input type="checkbox"/> Reduced Hours (must be working) <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Other, Explain _____
Date Coverage Ends (mm/dd/yyyy):	Insured on disability or sick leave when terminated? <input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, date premium paid to: _____	
Current Annual Earnings: \$ _____		
<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
Current Life Coverage \$ _____ Current AD&D Coverage \$ _____	Current Life Coverage \$ _____ Current AD&D Coverage \$ _____	Current Life Coverage \$ _____ Current AD&D Coverage \$ _____
Plan Administrator Signature:	Plan Administrator Telephone #:	Plan Administrator Email:

**EMPLOYEE COMPLETES SECTION 2:**

Insured Mailing Address (Street, PO Box, City, State, Zip):		Home Telephone: _____ Alternate Telephone: _____
Insured Social Security Number:	Insured Date of Birth (mm/dd/yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Spouse Name:	Spouse Date of Birth (mm/dd/yyyy):	Spouse Social Security Number:
Have you used tobacco products in the past twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has your spouse used tobacco products in the past twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Employee</b>	<b>Spouse</b>	<b>Child</b>
Complete only if changing the current amounts listed above.		
Life Coverage Requested \$ _____	Life Coverage Requested \$ _____	Life Coverage Requested \$ _____
AD&D Coverage Requested \$ _____	AD&D Coverage Requested \$ _____	AD&D Coverage Requested \$ _____
Select a premium payment option: <input type="checkbox"/> Quarterly (Every three months) <input type="checkbox"/> Semi-Annually (Every six months) <input type="checkbox"/> Annually (One time per year) <b>Make your check or money order payable to Unum.</b> Please be aware that your initial payment may be deposited electronically.		
Name of Beneficiary:		Relationship to you:

I understand and agree to the following:  
Any coverage chosen on this election form will be issued in accordance with the portability provision contained in the employer's Unum group Term Life coverage and/or Accidental Death and Dismemberment insurance coverage under which this coverage is being offered and is subject to satisfaction of the conditions provided therein.

Portable coverage will be effective the day after your group coverage ends subject to Unum receiving your completed election form and the initial premium payment within 31 days from the date your group coverage ends.

I CERTIFY THAT NEITHER I NOR MY DEPENDENTS HAVE AN INJURY OR SICKNESS WHICH HAS A MATERIAL EFFECT ON LIFE EXPECTANCY. I UNDERSTAND THAT UNUM IS RELYING ON THIS CERTIFICATION AS A MATERIAL CONDITION TO ITS AGREEMENT TO PROVIDE PORTABLE COVERAGE.

If Unum determines that an injury or sickness has a material effect on life expectancy, as of the date portable coverage was elected, benefits may be reduced to the amount of coverage available under the current policy's conversion privilege.

**Submit your election form and the initial premium payment within 31 days of coverage ending to:  
Unum Life Insurance Company of America (Unum) - Portability Unit, 2211 Congress Street, Portland, ME 04122**

Insured Signature:	Today's Date (mm/dd/yyyy):	Insured's Email Address
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**HOW TO CALCULATE YOUR PORTABILITY PREMIUM PAYMENT**

<p><b>Calculate Your Premium Payment</b></p> <p>1. Find your rate on the rate table under appropriate tobacco use, if applicable. The rate is based on your age at the time your coverage terminates or is reduced.</p> <p><b>Note:</b> You will qualify for non-tobacco premium rates if you have not used any tobacco products within the last 12 months.</p> <p>Your life insurance rates will continue to increase with age, every 5 years ( for example, at age 50, 55, 60 etc.).</p>	<p>Base Rate Per \$1,000 of Coverage _____</p>												
<p>2. Determine the amount of insurance you want. You may have any amount up to and including the amount you had under the group plan.</p> <p><b>Note:</b> You may be eligible to increase your coverage which would require Evidence of Insurability subject to maximums outlined in your former group insurance policy.</p>	<p>Amount of Coverage _____</p>												
<p>3. a. Base Rate Per thousand dollars of coverage:</p> <p>b. Number of thousand dollars you want:</p> <p>c. Multiply a. by b.:</p> <p>d. Mode you would like to pay              quarterly = 3              Semi-annual = 6              Annual = 12</p> <p>e. TOTAL c. and d. This is your premium</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Base Rate</td> <td style="width: 50%;">_____</td> </tr> <tr> <td># of \$1,000 Units</td> <td>x _____</td> </tr> <tr> <td>Base Rate X # of Units</td> <td>_____</td> </tr> <tr> <td>Mode Numeric</td> <td>x _____</td> </tr> <tr> <td> </td> <td></td> </tr> <tr> <td>*TOTAL</td> <td>_____</td> </tr> </table>	Base Rate	_____	# of \$1,000 Units	x _____	Base Rate X # of Units	_____	Mode Numeric	x _____	 		*TOTAL	_____
Base Rate	_____												
# of \$1,000 Units	x _____												
Base Rate X # of Units	_____												
Mode Numeric	x _____												
*TOTAL	_____												
<p>*This is the estimated amount due per payment, actual billed amount may vary slightly due to rounding</p>													
<p><b>Example:</b></p> <p>1. A 44 year old person decides to continue \$25,000 of coverage</p> <p>2. The person wishes to pay premiums annually</p> <p>3. The monthly rate for a 44 year old is \$.510 per \$1,000 of coverage</p> <p>4. Calculate premiums:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Base rate per thousand dollars of coverage:</td> <td style="text-align: right;">\$.510</td> </tr> <tr> <td>b. Number of thousand dollar units you want:</td> <td style="text-align: right;"><u>x 25</u></td> </tr> <tr> <td>c. Multiply a. by b.:</td> <td style="text-align: right;">\$12.75 (Monthly)</td> </tr> <tr> <td>d. Multiply c. by 12 for annual</td> <td style="text-align: right;"><u>x 12</u></td> </tr> <tr> <td>e. TOTAL. This is your premium.</td> <td style="text-align: right;">\$153.00 (Annually)</td> </tr> </table>		a. Base rate per thousand dollars of coverage:	\$.510	b. Number of thousand dollar units you want:	<u>x 25</u>	c. Multiply a. by b.:	\$12.75 (Monthly)	d. Multiply c. by 12 for annual	<u>x 12</u>	e. TOTAL. This is your premium.	\$153.00 (Annually)		
a. Base rate per thousand dollars of coverage:	\$.510												
b. Number of thousand dollar units you want:	<u>x 25</u>												
c. Multiply a. by b.:	\$12.75 (Monthly)												
d. Multiply c. by 12 for annual	<u>x 12</u>												
e. TOTAL. This is your premium.	\$153.00 (Annually)												

**Your actual coverage is subject to the terms, conditions, limitations and restrictions set forth in your certificate of coverage and the Summary of Benefits or Policy.**

Unum is a registered trademark and marketing brand of Unum Group and its insuring subsidiaries.



1. **Conversion rights** – When your group life insurance terminates or the amount of coverage you have is reduced, you can convert your coverage to an individual Whole Life Policy or you may purchase a Single Premium Convertible One-Year Term Life Policy. You may purchase either of these options without having to provide evidence of insurability.
2. **Start Conversion within 31 days** – Your life insurance coverage under your employer’s group policy remains in effect for 31 days after the date of termination or reduction of coverage. You may apply for conversion any time within that period.

If you do not apply within 31 days, the option to convert will no longer be available to you.

#### **How to apply for Conversion**

If you wish to convert your group life insurance coverage to an individual policy, complete the attached application and send it with your first premium payment (made payable to Unum) to:

Unum  
Portability and Conversion Unit  
2211 Congress St.  
Portland, Maine 04122

3. **Amount of coverage you can buy** – When your group coverage terminates or reduces, you can apply for any amount of life insurance up to, but not exceeding the amount you had under your group plan.
4. **Cost of an individual policy** – The rates included in this package show the cost of an individual policy. If your rate is not listed, please call Unum at 1-800-421-0344.

#### **COMPLETING THE APPLICATION**

1. **Employer completes this section** – Employer must complete the top section of the application before giving to the employee.
2. **Employee completes this section** – Employee must complete this section in order to continue this coverage.
  - a. **Print Insured’s Name** – Enter full name, check male or female and enter date of birth.
  - b. **Applicants / Dependent’s Name (if other than insured)** – Enter the name of the person applying for insurance if it is other than the insured person. Check male or female and enter date of birth.
  - c. **Insured’s Address** – Enter full mailing address of the insured.
3. **What type of insurance are you electing?** You may elect Individual Whole Life or a Single Premium Convertible One-Year Term Life Policy. If you elect the Single Premium Convertible Policy, your Whole Life Insurance Policy will become effective after one year provided the premium due is received within the lifetime of the insured and within the Grace Period as provided in your Whole Life Policy.
4. **What is the amount of insurance you wish to convert** – Enter the exact amount of life insurance you wish to convert to an individual policy. Please note that you may not convert an amount in excess of the amount of coverage you held under the group policy.
5. **Check premium payment mode** – Check the box next to the mode of payment that you elect to pay your premiums.
6. **Do you wish to elect Automatic Premium Loan** – You are entitled to have any loan value on the policy automatically used to pay any premium which is unpaid on expiration of the 31 day grace period.
7. **Whom do you wish as beneficiary(ies) under the Individual Policy** – Enter the full name and relationship of your Primary and Contingent beneficiaries.
8. **Signatures** –
  - Insured’s Signature** – The person whose life is being covered for insurance must sign the application unless he/she is under 18 years of age.
  - Applicant’s Signature** – If the insured is under 18 years of age, the parent or guardian who will be paying the insurance premiums must sign here.
  - Witness Signature** – Any person other than the insured must sign as a witness to the application.

#### **Special Instructions for Completing the Application**

- **A separate application must be completed for each applicant applying for coverage.**
- **Any changes made to your answers must be initialed and dated.**



**APPLICATION FOR CONVERSION OF GROUP LIFE INSURANCE TO AN INDIVIDUAL LIFE INSURANCE POLICY**  
 Unum Life Insurance Company of America

**1. Employer Completes this Section**

Company Name		Group Policy and Division Numbers	
Employee's Name (Last, First, MI)		Social Security Number	Date of Birth
Dependent Name (if converting dependent coverage)		Social Security Number	Date of Birth
Group life insurance benefits were: <input type="checkbox"/> Terminated <input type="checkbox"/> Reduced	Reason for Termination	Date of Termination or Reduction	Amount of Coverage Lost \$
Was the employee disabled on date of termination or reduction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Disability (Date last worked)	
If yes, see (waiver of premium) Extension of Employee Life Insurance Provision of the group contract, if available under the group plan.			
Has Employee submitted a claim for extension of group benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the group life coverage previously assigned? (collateral/absolute) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Signature			Date

**2. Employee Information**

A. Print Insured's Name (Last, First, Mid. Int.)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
B. Applicant's/Dependent's Name (if other than insured)	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
C. Insured's Address (No. & Street, City, State, Zip Code and Phone Number)		

**3.** I elect the following life insurance:  
 Whole Life Only       Single Premium Convertible One-Year Term Life with automatic conversion to Whole Life  
**Note:** The individual policy that you convert to will not contain waiver of premium or accidental death benefits.

**4.** What is the amount of insurance you wish to convert? \$ \_\_\_\_\_  
**Note:** The amount may not exceed the amount shown in section 1.

**5.** Check premium payment mode       Annually  
 Semi-Annually  
 Quarterly

**6.** Do you wish to elect automatic premium loan?  
 Yes  
 No

**7.** Whom do you wish as beneficiary(ies) of proceeds under the individual policy?  
 Primary: \_\_\_\_\_  
 If beneficiary(ies) named above not living, then pay:  
 Contingent: \_\_\_\_\_

I UNDERSTAND AND AGREE THAT: (1) The statements and answers in the above application are true, complete and correctly recorded to the best of my knowledge and belief. (2) Any policy issued on this application will be issued in accordance with the conversion privilege contained in the Group Policy. (3) The policy will become effective on the day following the last day of the conversion period prescribed under the Group Policy. (4) The beneficiary designation above has no effect on the beneficiary designation for any death benefits payable under the Group Policy. (5) If any death benefit paid under the Group Policy includes an amount representing the coverage shown in item 4 above, the individual policy will be void from the beginning. In this case, we, Unum Life Insurance Company of America, will refund to the beneficiary any premium paid. **See reverse side for fraud notices.**

<b>8.</b> Insured's Signature	Date	Applicant's/Dependent's Signature	Date	Witness Signature (if other than insured)	Date
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## FRAUD NOTICE

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**For Residents of Maine, Tennessee and Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**For Residents of Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**For Residents of Kansas:** Any person who knowingly and with intent to defraud presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**For Residents of Kentucky, Ohio and Pennsylvania:** 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 for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Residents of Minnesota:** Any person who knowingly or willfully makes a false or fraudulent statement in, or relative to, any application for insurance or membership for any purpose shall be guilty of a gross misdemeanor.

**For Residents of New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**For Residents of New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**For Residents of Puerto Rico:** Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

**For Residents of the District of Columbia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**For Residents of All Other States:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

## Conversion Rates

Age	Annual Rate 1-Year Term	Rates for Individual Whole Life			Age	Annual Rate 1-Year Term	Rates for Individual Whole Life		
		Annual	Semiannual	Quarterly			Annual	Semiannual	Quarterly
0	5.05	2.06	1.07	0.57	46	8.92	22.08	11.48	6.07
1	5.05	2.16	1.12	0.59	47	9.66	22.62	11.76	6.22
2	5.05	2.27	1.18	0.62	48	10.41	23.44	12.19	6.45
3	5.05	2.39	1.24	0.66	49	11.15	24.52	12.75	6.74
4	5.05	2.51	1.31	0.69	50	11.89	25.87	13.45	7.11
5	5.05	2.63	1.37	0.72	51	13.47	27.95	14.53	7.69
6	5.05	2.77	1.44	0.76	52	15.05	29.88	15.54	8.22
7	5.05	2.91	1.51	0.80	53	16.62	32.08	16.68	8.82
8	5.05	3.05	1.59	0.84	54	18.20	34.56	17.97	9.50
9	5.05	3.21	1.67	0.88	55	19.78	38.69	20.12	10.64
10	5.05	3.37	1.75	0.93	56	21.73	39.23	20.40	10.79
11	5.05	3.54	1.84	0.97	57	23.69	40.31	20.96	11.09
12	5.05	3.72	1.93	1.02	58	25.64	41.94	21.81	11.53
13	5.05	3.91	2.03	1.08	59	27.60	44.10	22.93	12.13
14	5.05	4.11	2.14	1.13	60	29.55	46.81	24.34	12.87
15	5.05	5.29	2.75	1.45	61	32.82	51.32	26.69	14.11
16	5.10	5.56	2.89	1.53	62	36.08	55.21	28.71	15.18
17	5.15	5.83	3.03	1.60	63	39.35	59.65	31.02	16.40
18	5.29	6.10	3.17	1.68	64	42.61	64.64	33.61	17.78
19	5.43	6.36	3.31	1.75	65	45.88	72.96	37.94	20.06
20	5.74	6.99	3.63	1.92	66	49.74	76.31	39.68	20.99
21	5.49	7.27	3.78	2.00	67	53.61	79.66	41.42	21.91
22	5.24	7.55	3.93	2.08	68	57.47	83.01	43.17	22.83
23	5.00	7.84	4.08	2.16	69	61.34	86.36	44.91	23.75
24	4.75	8.12	4.22	2.23	70	65.20	93.06	48.39	25.59
25	4.50	8.40	4.37	2.31	71	73.41	105.19	54.70	28.93
26	4.35	8.65	4.50	2.38	72	81.63	112.26	58.38	30.87
27	4.20	8.90	4.63	2.45	73	89.84	119.32	62.05	32.81
28	4.06	9.15	4.76	2.52	74	98.06	126.38	65.72	34.75
29	3.91	9.40	4.89	2.59	75	106.27	147.58	76.74	40.58
30	3.76	9.65	5.02	2.65	76	114.77	156.43	81.34	43.02
31	3.82	11.55	6.01	3.18	77	123.95	165.82	86.23	45.60
32	3.88	11.84	6.16	3.26	78	133.87	175.77	91.40	48.34
33	3.94	12.13	6.31	3.34	79	144.58	186.31	96.88	51.24
34	4.00	12.42	6.46	3.42	80	156.15	197.49	102.69	54.31
35	4.06	12.85	6.68	3.53	81	168.64	209.34	108.86	57.57
36	4.30	12.98	6.75	3.57	82	182.13	221.90	115.39	61.02
37	4.53	13.25	6.89	3.64	83	196.70	235.22	122.31	64.69
38	4.77	13.64	7.09	3.75	84	212.43	249.33	129.65	68.57
39	5.00	14.16	7.36	3.89	85	229.43	264.29	137.43	72.68
40	5.24	15.61	8.12	4.29	86	247.78	280.15	145.68	77.04
41	5.83	16.43	8.54	4.52	87	260.17	296.95	154.41	81.66
42	6.42	17.40	9.05	4.79	88	273.18	314.77	163.68	86.56
43	7.00	18.50	9.62	5.09	89	286.84	333.66	173.50	91.76
44	7.59	19.74	10.26	5.43	90	301.18	353.68	183.91	97.26
45	8.18	21.81	11.34	6.00					

**Policy Fee is as follows:**

**\$90.00 per annual payment**

**\$46.80 per semi annual payment**

**\$24.75 per quarterly payment**

**Please note: Rates are per \$1,000 of coverage**

## How to Calculate Your Premium Payment

<u>Calculate Your Premium Payment</u>	<u>Check Your Elections Below</u>
1. Determine if you want the whole life or the 1-Year Term coverage. The 1-Year Term will be renewed next year at your attained age to Whole Life coverage assuming premiums are paid in full. If you elect the 1-Year Term, you must submit an annual premium payment. Note that the 1-Year Term coverage is not available in all states.	<div style="display: flex; justify-content: space-around;"> <span>Whole Life <input type="checkbox"/></span> <span>1-Year Term <input type="checkbox"/></span> </div>
2. If you have selected whole life, determine whether you want to pay your whole life premiums annually, semi-annually, or quarterly.	<div style="display: flex; justify-content: space-around;"> <span>Annual <input type="checkbox"/></span> <span>Semi-Annual <input type="checkbox"/></span> <span>Quarterly <input type="checkbox"/></span> </div>
3. Find your rate on the rate table. The rate is based on the type of coverage you want and your age at the time your conversion coverage begins, which is 31 days from the time your group coverage terminates or is reduced.	Base Rate per \$1,000 of Coverage _____
4. Determine the amount of insurance you want. You may have any amount up to and including the amount you had under the group plan.	Amount of Coverage _____
<b>5. <u>Calculate Your Premiums</u></b>	
a. Base rate per thousand dollars of coverage:	Base Rate _____
b. Number of thousand dollar units you want:	# of \$1,000 Units      x      _____
c. Multiply a. by b.:	Base Rate X # of Units      _____
d. If you selected whole life, add the policy fee:	Policy Fee      +      _____
No policy fee for 1-Year Term	
Annual \$90.00 per payment	
Semi-annual \$46.80 per payment	
Quarterly \$24.75 per payment	
e. TOTAL c. and d. This is your premium.	* TOTAL <u>                    </u>
<b>Please make your check payable to Unum</b>	* This is the estimated amount due per payment, actual billed amount may vary slightly due to rounding.
<b><u>Example</u></b>	
1. A 44 year old person decides to convert to a whole life policy	
2. The person wants to convert \$25,000 of coverage	
3. The person wants to pay premiums semi-annually	
4. The semi-annual rate for a 44 year old is \$10.26 per \$1,000 of insurance	
5. Calculate premiums:	
a. Base rate per thousand dollars of coverage:	\$10.26
b. Number of thousand dollar units you want:	X <u>    25    </u>
c. Multiply a. by b.:	\$256.50
d. If you selected whole life, add the policy fee:	
No policy fee for 1-Year Term	\$0.00
Annual \$90.00 per payment	-
Semi-annual \$46.80 per payment	\$46.80
Quarterly \$24.75 per payment	-
e. TOTAL c. and d. This is your premium.	<u>                    </u> \$303.30

**Your actual coverage is subject to the terms, conditions, limitations and restrictions set forth in your certificate of coverage and the Summary of Benefits or Policy.**

## Automatic Bank Draft Form

*A convenient payment option for you...*

### Three Easy Steps:

1. Read and complete each item on the Automatic Bank Draft Form.
2. Include either a voided check or deposit slip as required.
3. Include any payments due.

Please enter all Texas Life policy numbers you want drafted with this authorization: \_\_\_\_\_

Enter the day of the month you want premiums drafted (1st - 28th). Date cannot be more than 15 days after due date: \_\_\_\_\_

Texas Life will begin drafting your account for the current or any outstanding premiums due immediately, unless you indicate a different start date here: \_\_\_\_\_

**Please check the appropriate box:**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Checking Account</b> | Include a check with "Void" written on it.            |
| <input type="checkbox"/> <b>Savings Account</b>  | Include a deposit slip with "Void" written on it.     |
| <input type="checkbox"/> <b>Resume the Draft</b> | Draft will continue with current information on file. |

Work Number (\_\_\_\_\_) Home Number (\_\_\_\_\_) Mobile Number (\_\_\_\_\_)

Drafts are submitted to the bank on the day you've chosen above, and should clear your account within 2 - 3 days. If your draft date falls on a weekend or holiday, it will leave our office on the next business day.

*As a convenience to me, I hereby request and authorize you to pay and charge to my account drafts drawn on my account by and payable to the Texas Life Insurance Company, Waco, Texas provided there are sufficient collected funds in said account to pay the same upon presentation. I agree that your rights in respect to each such draft shall be the same as if it were a draft drawn on you and signed personally by me. The payment of premium under this plan may be discontinued by the Company or the undersigned. You shall be under no obligation to determine the correctness of the amount of any draft drawn under this authority. I further agree that if any such draft be dishonored, whether with or without cause and whether intentionally or inadvertently, you shall be under no liability whatsoever even though such dishonor results in forfeiture of insurance. For the purpose of this form, a facsimile copy of my signature shall be as valid as an original. (Fax 254-745-6393)*

\_\_\_\_\_  
**Signature of Bank Account Holder**

\_\_\_\_\_  
**Date**