



Notice of Conversion Privilege for Group Life Insurance

Today's Date: _____

Insured's Name: _____

Insured's Address: _____

Insured's City/State/Zip: _____

RE: Group Name: _____

Policy Number: _____

Insured's SSN: _____

Date of Birth: _____

Reason for termination or reduction: _____

Date of termination or reduction: _____

Total coverage amount at termination: _____

Dear Insured:

Your group life insurance has been terminated or reduced as of the insurance termination date indicated above. However, you can convert to an individual life insurance policy in accordance with the terms of the group policy's conversion privilege summarized in your certificate of insurance. The individual policy will be issued without medical examination based upon the rate applicable to the class of risk to which you belong and to your age at nearest birthday.

Please forward this completed form letter to **USABLE Life, Attention Customer Service, P.O. Box 1650, Little Rock, AR 72203-1650**. Upon receipt of this letter, they will forward to you an application with premium rates and instructions. The return of this notice does not bind you in any way to complete an application. You may contact USABLE Life Customer Service by calling (501) 378-5856 or 1-800-370-5856.

However, your application must be completed and sent to USABLE Life with the first full premium within 31 days after the insurance termination or reduction date indicated. No inquiries or applications will be accepted after this 31-day conversion period.

Sincerely,

Employer Authorized Signature

Title of Authorized Signature

cc: Employer File
USABLE Life