



## GROUP CONVERSION NOTICE

**PLEASE BE SURE THAT YOUR EMPLOYER OR PLAN ADMINISTRATOR COMPLETES THE INFORMATION REQUESTED ON THE REVERSE SIDE OF THIS NOTICE FOR BOTH HEALTH AND LIFE COVERAGES.**

### **LIFE INSURANCE COVERAGE**

Upon termination of your North Carolina Mutual Group Life Insurance coverage, you may be entitled to make application to North Carolina Mutual Life Insurance Company, as applicable, for an individual policy of life insurance without furnishing evidence of good health. You must apply within **31 days after termination** of your group insurance coverage. If you are eligible for life conversion, you will be provided with an application, a product description and a life calculation worksheet to return your information to:

**North Carolina Mutual Life Insurance Company  
411 West Chapel Hill Street  
Durham, NC 27701  
ATT: Group Life Conversion Processing Team  
1-919-682-9201**

If after reviewing the material you decide to convert your Life Insurance, please complete the following forms and mail them to the above address.

- **Completed Group Conversion Notice.**
- **Life Application(s)** - complete one for each person converting.
- **Life Rate/Premium Calculation Worksheet(s)** - complete one for each person converting.
- **Pre-authorized Payment Request Form (Check-O-Matic) with voided personal check** - complete only if you have selected a monthly premium payment mode for your converted Life coverage.
- **Premium Check** - make payable to North Carolina Mutual Life Insurance Company for the first payment period.

**FOR COMPLETION BY EMPLOYER, SPONSOR OR PLAN ADMINISTRATOR**

1. Name of Applicant: \_\_\_\_\_  
Resident Address: \_\_\_\_\_  
City, State, Zip
2. Applicant's Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
3. Account Name: \_\_\_\_\_
4. Group Policy Number (as shown on your NCM Group Certificate): \_\_\_\_\_
5. Has the entire group contract been terminated or only the Insured requesting conversion?  
 Entire Group       Individual
6. If the entire group contract is being terminated, is it being replaced by another carrier?  
 No    Yes   Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_
7. Indicate the amount of Group Life insurance, if any, being terminated:  
Employee/Member \$ \_\_\_\_\_ Spouse \$ \_\_\_\_\_ Child(ren) \$ \_\_\_\_\_
8. Is there an Absolute Assignment of Rights in effect on the Insured's Group Life Coverage?  
 No    Yes
9. Is the terminating individual an employee/member or a dependent of the insured employee/member?  
 Employee/Member       Dependent Employee/Member
10. Date terminating individual's coverage became effective under NCM's plan: \_\_\_\_\_
11. Date of termination of employment or dependency status: \_\_\_\_\_
12. Date of termination of coverage: \_\_\_\_\_ (date conversion to be effective)
13. Was any individual whose group insurance is terminated (employee/member/dependent) totally disabled at the time of termination?  
 No    Yes      Who? \_\_\_\_\_
14. Is there any dependent who is totally dependent upon the insured for care and support due to a physical handicap of mental incapacitation?  
 No    Yes      Who? \_\_\_\_\_

Name/Relationship

Completed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ By: \_\_\_\_\_  
(Print Name)

Signature

Title/Position

(\_\_\_\_\_) \_\_\_\_\_

Telephone Number