LIFE CONVERSION INFORMATION REQUEST

ReliaStar Life Insurance Company, Minneapolis, MN
A member of the Voya® family of companies
PO Box 20, Minneapolis, MN 55440
Email completed form to: ebgrpnb@voya.com

Instructions
Employer/Plan Administrator: This form should be completed and furnished to every person who has the conversion right.
Employee/Member/Owner ***(person requesting information)*****:** Complete the employee/member/spouse/children section and send[1] to the insurer at the address shown below within 31 days *(see the certificate for applicable time period)* of the date of termination of group coverage.

TO BE COMPLETED BY EMPLOYER/PLAN ADMINISTRATOR

Group Policyholder/Plan Name _____ Policy Plan Number _____

Account Number _____ Group Situs _____

Employee/Member Name *(First)* _____ *(Middle Initial)* _____ *(Last)* _____

Birth Date _____ SSN _____

Is employee/member disabled? ☐ Yes ☐ No *If "yes," give disability date.* _____

Does policy have waiver provision? ☐ Yes ☐ No Was ownership assigned? ☐ Yes ☐ No

Initial Insurance Effective Date *(with ReliaStar)* _____ Employment Termination Date *(if applicable)* _____

Insurance Termination Date *(DO NOT include grace period.)* _____

COVERAGE TERMINATING

	Basic Amount	Supplemental/Voluntary Amount	Other	Total Amount Eligible for Conversion
☐ Employee/Member	$	$	$	$
☐ Spouse	$	$	$	$
☐ Children (each)	$	$	$	$

Reason for termination: ☐ Termination of employment ☐ Termination of group policy ☐ Reduction of coverage ☐ Retirement
☐ Loss of Spouse/Child Status ☐ Death of Employee *(Provide Spouse's Name.)* _____
☐ Other *(Specify.)* _____

This form will be: ☐ Handed ☐ Mailed to Employee/Member/Owner *(Date delivered or mailed.)* _____

➥ Employer/Plan Administrator Signature _____ Date _____

Title _____ Company Phone (_____)_____

TO BE COMPLETED BY EMPLOYEE/MEMBER/OWNER *(Do not send this form to insurer unless top portion is completed and signed by Employer/Plan Administrator.)*

Requestor Name *(First)* _____ *(Middle Initial)* _____ *(Last)* _____

Address _____ City _____ State _____ ZIP _____

Relationship to Employee/Member _____ Home Phone (_____)_____

➥ Signature _____ Date _____

The Group Term Life Insurance coverages are terminating as indicated above. You may be eligible to convert existing coverage(s) to an individual life policy by sending this form within 31 days (see the certificate for applicable time period) of such termination.

Read the Conversion section/provision in the group certificate to determine eligibility. **Complete this form and send without delay.** ReliaStar will send you a description of the conversion plan, premium rates and an application form.

Important Notice: This is not an application for conversion of group life coverage. Receipt of this form does not guarantee your eligibility to convert group coverage.

IF YOU DO NOT RECEIVE INFORMATION WITHIN 21 DAYS AFTER THE DATE YOU MAILED THIS FORM, CALL 800-955-7736.

Mail to [1]: Voya Employee Benefits, Group Conversions, PO Box 20, Minneapolis, Minnesota 55440-0020; Email to: ebgrpnb@voya.com

[1] *Do not enclose payment with this form. Send the entire form, when completed, to the above mailing or email address.*

PREMIUM RATES FOR WHOLE LIFE CONVERSION POLICIES *(Rates are based on annual premium per $1,000 of insurance.)*

Age	Rate	Age	Rate	Age	Rate	Age	Rate
0	8.53	25	13.53	50	42.89	75	164.62
1	8.64	26	14.33	51	45.21	76	171.81
2	8.73	27	15.29	52	47.74	77	179.43
3	8.86	28	16.01	53	50.59	78	187.52
4	8.97	29	16.74	54	52.93	79	196.19
5	9.11	30	17.52	55	55.56	80	205.57
6	9.25	31	18.30	56	58.80	81	215.81
7	9.42	32	19.14	57	62.37	82	227.02
8	9.57	33	20.02	58	65.65	83	239.39
9	9.75	34	20.34	59	69.55	84	253.07
10	9.96	35	21.00	60	74.15	85	268.26
11	10.16	36	22.24	61	79.99	86	285.12
12	10.35	37	23.85	62	85.03	87	303.89
13	10.51	38	24.94	63	90.21	88	324.76
14	10.66	39	26.14	64	94.63	89	348.01
15	10.84	40	27.32	65	99.97	90	373.81
16	11.00	41	27.57	66	106.51	91	402.48
17	11.18	42	28.75	67	113.74	92	434.26
18	11.40	43	30.03	68	119.87	93	469.44
19	11.64	44	31.24	69	126.05	94	508.30
20	11.90	45	32.77	70	132.30	95	551.16
21	12.01	46	34.63	71	138.16	96	598.30
22	12.45	47	36.72	72	144.53	97	650.12
23	12.95	48	38.69	73	151.03	98	706.88
24	13.17	49	40.76	74	157.70	99	769.00

Issued by ReliaStar Life Insurance Company, policy form RL-WL2-POL-07 (may vary by state).

Example of Calculating Premium

Currently, you have $25,000 of basic coverage under your group policy. Your current age is 35. When that term life insurance stops, you want to convert the entire amount. You want to be billed semi-annually.

Use the following steps to calculate the premium:

1. Determine the amount of coverage you wish to convert. **$25,000**
2. Calculate the number of thousands you wish to convert by dividing the amount from step 1 by 1,000. **$25,000/1,000 = 25**
3. Find the rate corresponding to your age at the time of conversion. **$21.00**
4. Multiply the number of thousands from step 2 by the rate found in step 3. **25 * $21.00 = $525.00**
5. Multiply the amount in previous step by 0.265 for Quarterly billings, 0.515 for Semi-Annual billings, and 1 for Annual billings: **$525.00 * 0.515 = $270.38**

$270.38 is your semi-annual premium amount, which you need to submit with the application.

Note: Calculate premium separately for each proposed insured person, but submit one check.