

Individual life insurance coverage after your group coverage ends



Your group life insurance coverage—provided by Symetra Life Insurance Company—allows you to keep your life insurance coverage on an individual basis after your group life insurance coverage ends.

This feature, called “conversion,” allows you to easily convert your Symetra Group Life Insurance policy to an individual life insurance policy offered through HRMP and insured by Gerber Life Insurance Company. You can also convert any spouse and dependent coverage.

Converting your Symetra Group Life Insurance policy lets you maintain your current level of life insurance coverage without having to answer additional health questions or go through any type of medical exam.

Getting Started

To apply for conversion to an individual life insurance policy, fill out the enclosed Request for Information Form. This must be completed for any coverage you wish to convert for you, your spouse and/or your dependents.

It's important to get started as soon as possible. HRMP must receive your Request for Information Form **within 31 days** after the date your group life insurance ends.

Contact Information

HRMP

Toll-free: 1-888-999-4767

Local: (978) 762-0661

Fax: (978) 762-4767

Monday-Friday

7:30 a.m. to 5:00 p.m. ET

Frequently Asked Questions

Do I need a medical exam?

No. A medical exam is not required and you will not have to answer any medical questions.

How much does it cost?

The actual cost (rate) is determined by your age, gender, the amount of life insurance coverage you elect and other factors. You can estimate your new life insurance rates using our online calculator located at www.symetralifeconv.com. Enter your information as directed, then fill out the enclosed Request for Information Form. Rates are also included in the mailing that HRMP sends once they receive the Request for Information Form.

Can I choose what kind of individual life insurance policy I want?

You can only convert your existing Symetra Group Life Insurance policy to an individual whole life insurance policy.¹

How long will it take to get coverage?

Your HRMP representative will respond to you by U.S. Mail (or by email if your email address is provided) within two days of submitting your completed request for conversion. If you elect to convert, you must return your completed application and initial premium within the 31-day conversion period.

Your conversion policy will be effective on the day after your 31-day conversion period ends.

Will I have life insurance coverage during the conversion process period?

Yes. Your group insurance benefits remain in effect during your 31-day conversion period.

Does my employer need to submit anything?

Yes. The Request for Information Form has two parts—A and B. Your employer needs to complete Part A and you will complete Part B. Your HRMP representative will go over what exactly is required when you call to apply.

To learn more about conversion, call HRMP at 1-888-999-4767 or visit www.symetralifeconv.com.

Getting Started

Don't miss the deadline to convert your group life insurance coverage. Complete your Request for Information Form today.

Call HRMP at **1-888-999-4767** if you have any questions.



Symetra Life Insurance Company
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Bellevue, WA 98004

www.symetra.com

Symetra® is a registered service mark of Symetra Life Insurance Company.

Group life insurance policies are insured by Symetra Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004 and are not available in any U.S. territory. Policies may be subject to exclusions, limitations, reductions and termination of benefit provisions. Our New York Company insures products for New York Policyholders. Please contact your representative for complete details.

Individual life insurance offered through the Symetra Group Life Insurance Conversion provision is offered through HRMP and insured by Gerber Life Insurance Company; not affiliated with any of the subsidiaries under Symetra Financial Corporation.

¹ May vary by state. In West Virginia, you may purchase preliminary term for one year which will automatically convert to whole life thereafter.

INDIVIDUAL LIFE CONVERSION
Request for Information Form



This form enables you and your insured dependents to obtain information on any right you may have to purchase an individual life insurance policy within **31 days** after your Symetra Group Life coverage ends or is reduced because of termination of employment or change in your classification or status in the eligible member group. Please complete the information below, if you are interested, and an application and premium costs will be sent. Your Request for Information Form needs to be submitted to this office within **31 days** after the date of your Symetra Group Life Insurance ending. **Please review the Conversion Right provision in your existing Certificate (or if unavailable contact the Policyholder/Plan Administrator) to ensure an understanding of your conversion rights, responsibilities and any extension to convert that may be available in your state.**

PART A - POLICYHOLDER OR ADMINISTRATOR TO CERTIFY

| | | | |
|---|-------------------------|--|--|
| Name of Employee/Member | | Symetra Life Insurance Company | |
| Name of Policyholder (use name shown in group policy or booklet) | | Policy# | |
| Policyholder's address | | Contact name | |
| DATE OF GROUP LIFE INSURANCE TERMINATION / / | LAST DATE WORKED / / | TOTAL AMOUNT OF GROUP LIFE INSURANCE ON TERMINATION DATE Basic \$ _____ Supplemental \$ _____ | |
| Employee/Member's Occupation _____ Class _____ Annual Salary _____ | | Employee/Member's Hire Date ____/____/____ Employee/Member's effective date of Symetra Group Life Insurance Coverage under the Group Policy ____/____/____ | |
| Did Employee/Member have Dependent Life Insurance on Group Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No Amount of Spouse Life Insurance \$ _____ Amount of Child Life Insurance \$ _____ | | | |

REASON FOR TERMINATION:

EMPLOYEE/MEMBER

- Termination of Policy
- Termination of Employment
- Disability
- Other (please explain) _____

DEPENDENT

- Termination of Policy
- Divorce
- Marriage of a child
- A surviving spouse or child of deceased employee/member
- Other (please explain) _____

Is Employee/Member Disabled? Yes No

Is Employee/Member on Disability? Yes No If Yes, did he/she become disabled prior to age 60? Yes No

Has the insured Employee/Member made an Absolute Assignment of the group life insurance to be converted? Yes No
If yes, please attach a copy of the Absolute Assignment form.

Date on which this Notice was given to Employee/Member ____/____/____

| | | | |
|------------------------------|--|-------|---------------------|
| Date Notice completed / / | Signature of Policyholder/Plan Administrator | Title | Phone number () |
|------------------------------|--|-------|---------------------|

PART B - TO BE COMPLETED BY EMPLOYEE/MEMBER REQUESTING CONVERSION INFORMATION

| | | | | |
|---------------------|-----------|----------------------|----------|-----|
| Name | Soc Sec # | Date of birth / / | Age | Sex |
| Home address Street | City | State | Zip code | |
| Phone # () | Email | | | |

If Spouse or Children are checked above, provide information below:

| Name of dependent(s) | Age | Date of birth | Soc Sec # | Sex | Relationship to you |
|----------------------|-----|---------------|-----------|-----|---------------------|
| | | / / | | | |
| | | / / | | | |
| | | / / | | | |

Employee/Member's signature _____ Date completed and mailed ____/____/____

Mail to: HRMP Life Conversion Facility, 300 Rosewood Drive, Suite 250, Danvers, MA 01923
Toll Free: 1-888-999-4767 Phone: (978) 762-0661 Fax: (978) 762-4767 Email: Conversions@HRMP.com