Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

3300 Mutual of Omaha Plaza
Omaha, NE 68175-0001
Toll Free (800) 826-8054

Life Conversion Coverage

Life Goes on with Group Conversion

Your group life insurance has been valuable protection for you and your family. Now that it will be terminated, you may wish to convert this important coverage to an individual policy. This information has been prepared to help you take advantage of your right to continue your protection.

About Life Conversion Coverage

Life Conversion Coverage is individual permanent life insurance issued without evidence of insurability.

Life Conversion Coverage can be obtained when your life insurance under the group policy ends. Your group certificate will describe when conversion coverage is available to you, and will show the amount of coverage you can convert.

Conversion coverage will be issued without evidence of good health, provided:

(a) you complete the attached application,
(b) you enclose a check or money order for the first premium payment and
(c) these items are forwarded to us within 60 days after your group insurance ends.

Your conversion policy will be effective on the 60th day after your group insurance ends. During this 60-day period, you remain covered under the continued coverage provision of your group certificate.

You may apply for an amount that is not more than the amount of your current group insurance coverage (this is your maximum). You may elect coverage in $1,000 increments up to your maximum.

The individual policy is Permanent Life Insurance, which provides a level benefit throughout your lifetime. Premiums for this coverage are payable while living until the policy anniversary following age 100.

Premium rates are shown in the table that follows. If premium payments are discontinued after your coverage has been issued, you may:

(a) receive any existing cash value or
(b) use the cash value to purchase extended term insurance or a reduced amount of paid-up life insurance.

For additional information or premium rates on conversion coverage, please write or call us at:

Attn: Group Policy Services, Group Conversion
United of Omaha Life Insurance Company
3300 Mutual of Omaha Plaza
Omaha, Nebraska 68175
Phone: 1-800-826-8054

To Apply for Life Conversion Coverage

In order to apply for life conversion coverage, you must do the following:

1) Complete the Life Conversion Application that follows. Use black or blue ink. Write clearly and do not erase – any corrections should be crossed out and initialed by you. Answer each question fully – do not use dashes or ditto marks.

2) Make sure the section entitled "Information to be Completed by the Personnel Office" is completed by the employer or administrator of the group policy.

3) Attach your check or money order payable to United of Omaha Life Insurance Company for the first annual, semiannual or quarterly premium payment.

4) Send your premium payment and completed application to the above address and must be received within 60 days after your group insurance ends.

Privacy Notice: When United of Omaha Life Insurance Company evaluates an application for life conversion coverage, only the information on the application is reviewed. This information, and other information we may later collect to administer coverage, may sometimes be disclosed without your express authorization. We have a procedure which allows you to review and amend any information we collect about you – other than information relating to a claim, lawsuit or criminal proceeding. If you would like to know more about our information practices, please write us at the address shown above.

Calculating the Premium

The premium amounts in the table below are per $1,000 of coverage. Calculate your annual, semiannual or quarterly premium in the calculation worksheet, following the steps and example below.

To Calculate Annual, Semiannual and Quarterly Premium:

1) Divide your desired death benefit amount by 1,000.
2) Locate your age group and gender on the table below to identify the premium rate per thousand.
3) Multiply #1 by #2 above.
4) Add $36 for the annual policy fee to obtain the **annual premium** for the coverage.
5) Multiply the annual premium by .52 to obtain the **semiannual premium** for the coverage.
6) Multiply the annual premium by .275 to obtain the **quarterly premium**.

Rate/$1,000		
Issue Age	Female	Male
0-4	4.33	4.33
5-9	5.32	5.32
10-14	6.18	6.18
15-17	8.10	8.10
18-19	9.00	10.00
20-24	10.50	11.60
25-29	12.50	13.80
30-34	14.50	16.50
35-39	17.00	20.00
40-44	19.50	24.99
45	21.80	24.99
46	22.27	25.81
47	22.86	26.76
48	23.57	27.82
49	23.91	28.45
50	24.12	29.16
51	25.00	30.45

Rate/$1,000		
Issue Age	Female	Male
52	25.48	31.37
53	26.31	32.58
54	27.26	34.16
55	28.31	35.83
56	29.29	37.36
57	30.17	38.99
58	31.04	40.52
59	32.02	42.26
60	33.33	44.44
61	35.18	47.39
62	36.92	50.22
63	38.78	53.16
64	40.63	56.11
65	42.48	59.05
66	45.21	63.08
67	47.93	67.11
68	50.66	71.15

Rate/$1,000		
Issue Age	Female	Male
69	53.49	75.18
70	56.22	79.21
71	60.03	84.44
72	63.95	89.57
73	68.23	95.29
74	72.56	101.07
75	77.76	108.23
76	84.32	116.48
77	90.23	124.09
78	95.77	131.07
79	101.36	138.23
80	107.00	145.45
81	115.74	157.07
82	124.44	168.92
83	132.70	180.01
84	140.84	191.10
85	149.10	202.19

Example (Assumes a 50-year-old male with current group life coverage of $20,000.)

20 (Desired coverage amount/$1,000) x $29.16 (Premium rate per thousand) = $583.20 (Premium for coverage) + $36 (Annual policy fee) = $619.20 (**Total annual premium**)

$619.20 (Total annual premium) x .52 = $321.98 (**Total semiannual premium**)

Calculation Worksheet

_____ (Desired coverage amount/$1,000) x _____ (Premium rate per thousand) = _____ (Premium for coverage) + $36 (Annual policy fee) = $_____ (**Total annual premium**)

_____ (Total annual premium) x .52 = _____ (**Total semiannual premium**)

Conversion Application

This completed application with premium payment must be received within 31 days after your group insurance ends. Mail the conversion to: **Attn: Group Policy Services**, Group Conversion, United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, Nebraska 68175.

Life Insurance Section

*If age 18 or under, complete questions 7a through 7f

1) Applicant's Name (First, Middle, Last)

_____

2) Social Security Number

_____

3) ❑ Male ❑ Female

4) Age _____ 5) Date of Birth _____ _____ _____
Month Day Year

6) Residence (Number, Street, City, State ZIP)

_____

_____

7a) Full Name of Owner _____

7b) Relationship to Applicant _____

7c) Owner's SSN _____

7d) Owner's Date of Birth _____

7e) Owner's Gender _____

7f) Owner's Address (if different from address provided in 6)

_____

_____

8) Home Phone Number (_____) _____

9a) Amount of Insurance $ _____
(Show amount in thousands, not greater than the amount you are entitled to convert.)

9b) Has a living benefit been paid? ❑ Yes ❑ No

10) Mode of Premium Payments
❑ Annually ❑ Semiannually ❑ Quarterly

11) Amount Paid with Application

$ _____
Important: If a living benefit has been paid, the full amount of coverage must be continued.

12) Beneficiary Information

Primary Beneficiary

Full Name _____

Relationship to Applicant _____

Secondary Beneficiary

Full Name _____

Relationship to Applicant _____

Payment will be shared equally by all primary beneficiaries who survive you; if none, it will be shared equally by all contingent beneficiaries who survive you. Unless otherwise stated, you have the right to change the beneficiary.

Group Insurance Section

(this section is not required if transitioning from Group Portability)

1) Group Policyholder _____

Group Policy No. _____

2) I have been insured under the above Group Policy as:
❑ An employee or member ❑ A dependent

3) I became insured under the Group Policy:

_____ Month _____ Day _____ Year

4) My group insurance terminated:

_____ Month _____ Day _____ Year

Life Agreements Section

I am applying to United of Omaha for the life conversion coverage shown above. I agree United will not be under any obligation or liability under this application unless:

1) I have the right to convert the insurance shown above.

2) The application is fully completed, premium payment enclosed and received within 60 days after my group insurance ends.

Date _____ , _____

State signed in _____

Applicant's
Signature _____
(Owner's signature if under age 18)

IMPORTANT: If any item is crossed out, it must be initialed and dated.

Whole Life Policy Form ICC17L161P, or state equivalent.
In CT, D662LCT17P. In FL, D654LFL17P. In ND,
D658LND17P. In SD, D656LSD17P.

135L-0682

Information to be Completed by the Personnel Office

Group Policyholder _____

Policy No. _____ Phone (_____) _____

Address (Number, Street, City, State ZIP) _____

Applicant's Name _____

Certificate No. _____

1) The Applicant was insured under the above Group Policy as: ❑ An employee or member ❑ A dependent

2) For what amount of coverage was the Applicant insured? $ _____

3) What is the Applicant's date of birth? _____ Month _____ Day _____ Year

4) When did the Applicant become insured under the Group Policy? _____ Month _____ Day _____ Year

5) The Applicant's coverage was: ❑ terminated on _____ Month _____ Day _____ Year

❑ reduced by $ _____on _____ Month _____ Day _____ Year

6) On what date was the Applicant notified of their right to continue this life insurance coverage? _____

Because of _____

_____

Completed by _____ Signature (Employer or Administrator)

Title _____ Date_____ , _____