



**APPLICATION FOR CONVERSION OF GROUP
LIFE INSURANCE TO AN INDIVIDUAL
LIFE INSURANCE POLICY
Unum Life Insurance Company of America
2211 Congress Street, Portland, ME 04122**

1. Employer Completes this Section

Company Name	Group Policy and Division Numbers		
Employee's Legal Name (Last, First, MI)	Employee's Preferred Name	Social Security Number	Date of Birth
Spouse or Child Name (if converting spouse or child coverage)		Social Security Number	Date of Birth
Group life insurance benefits were: <input type="checkbox"/> Terminated <input type="checkbox"/> Reduced	Reason for Termination	Date of Termination or Reduction	Amount of Coverage Lost \$
Was the employee disabled on date of termination or reduction? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Disability (Date last worked)	
If yes, see Waiver of Premium provision, if available, in the Group Life Insurance certificate.		Premium Paid through Date	
Has Employee submitted a claim for extension of group benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was the group life coverage previously assigned? (collateral/absolute)		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer Signature			Date

2. Employee Information

A. Print Insured's Name (Last, First, Mid. Int.)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
B. Applicant's/Spouse or Child Name (if other than insured)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth
C. Insured's Address (No. & Street, City, State, Zip Code and Phone Number)		

3. I elect the following life insurance:

Whole Life Only

Note: The individual policy that you convert to will not contain waiver of premium or accidental death benefits.

4. What is the amount of insurance you wish to convert? \$ _____

Note: The amount may not exceed the amount of coverage lost as shown in section 1.

5. Check premium payment mode

Annually
 Semi-Annually
 Quarterly

6. Do you wish to elect automatic premium loan?

Yes
 No

7. Whom do you wish as beneficiary(ies) of proceeds under the individual policy?

Primary: _____

If beneficiary(ies) named above not living, then pay:

Contingent: _____

I UNDERSTAND AND AGREE THAT: (1) The statements and answers in the above application are true, complete and correctly recorded to the best of my knowledge and belief. (2) Any policy issued on this application will be issued in accordance with the conversion privilege contained in the Group Policy. (3) The policy will become effective on the day following the last day of the conversion period prescribed under the Group Policy. (4) The beneficiary designation above has no effect on the beneficiary designation for any death benefits payable under the Group Policy. (5) If any death benefit paid under the Group Policy includes an amount representing the coverage shown in item 4 above, the individual policy will be void from the beginning. In this case, we, Unum Life Insurance Company of America, will refund to the beneficiary any premium paid. **See reverse side for fraud notices.**

8. Insured's Signature	Date	Applicant's/Additional Applicant's Signature	Date	Witness Signature (if other than insured)	Date
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FRAUD NOTICE

For Residents of California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

For Residents of Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

For Residents of Maine, Tennessee and Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

For Residents of Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Residents of Kansas: Anyone who knowingly, and with intent to injure, defraud, or deceive us may be guilty of fraud as determined by a court of law. This includes filing a claim or providing information that contains any false, incomplete, or misleading information.

For Residents of Kentucky and Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Residents of Maryland: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Minnesota: Any person who knowingly or willfully makes a false or fraudulent statement in, or relative to, any application for insurance or membership for any purpose shall be guilty of a gross misdemeanor.

For Residents of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Residents of New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

For Residents of Puerto Rico: Any person who, knowingly and with intent to defraud, presents false information in an insurance request form, or who presents, helps or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine no less than five thousand (5,000) dollars nor more than ten thousand (10,000) dollars, or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if attenuating circumstances prevail, it may be reduced to a minimum of two (2) years.

For Residents of Arkansas, the District of Columbia and West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

For Residents of Ohio: Any person who, knowingly and with intent to defraud or deceive any insurance company, submits an insurance application or files a claim containing any false or deceptive statements is guilty of insurance fraud.

For Residents of Virginia: Any person who, with the intent to defraud or knowingly facilitates fraud against the insurer, submits an application or files a claim containing a false or deceptive statement may have violated the state law.

For Residents of All Other States: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.