SYMETRA
RETIREMENT | BENEFITS | LIFE

Symetra Group Life Insurance Conversion Kit for Madison County

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
777 108th Avenue NE, Suite 1200
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.*

Click here to clear page

INDIVIDUAL LIFE CONVERSION
Request for Information Form

HRMP® Member ARAN Insurance Services Group

SYMETRA® RETIREMENT | BENEFITS | LIFE

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) Madison County	Policy# 01-020459-00
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? ☐ Yes ☐ 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

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