STATE OF NEW HAMPSHIRE
REQUEST FOR GROUP LIFE CONVERSION INFORMATION

ANTHEM LIFE – ADMINISTRATOR

Phone: 1-800-801-6142 ● Fax: 614-433-8316

INSTRUCTIONS

Policyholder (employer): This form should be completed and furnished to every employee who may have the conversion right.

Employee (person requesting information): Complete the employee section and immediately mail to Anthem Life Insurance Company at the address shown below, without delay. (See Section II.)

Group Policyholder: STATE OF NEW HAMPSHIRE Group Number: AL00002490

SECTION I – TO BE COMPLETED BY EMPLOYER

EMPLOYEE DATA

EMPLOYEE NAME _____ DATE OF BIRTH _____ SEX M F SOCIAL SECURITY NO. _____

EFFECTIVE DATE OF COVERAGE _____ DATE LAST WORKED _____ EMPLOYEE TERM DATE _____ INSURANCE TERM DATE _____ PAYROLL NO. _____ AGENCY _____

ADDITIONAL EMPLOYEE INFORMATION

IS EMPLOYEE ON DISABILITY? ☐ YES ☐ NO IF "YES," DID HE/SHE BECOME DISABLED PRIOR TO AGE 60? ☐ YES ☐ NO

HAS THE EMPLOYEE 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.

COVERAGE TERMINATING

☐ EMPLOYEE: BASIC LIFE AMOUNT $ _____ SUPPLEMENTAL LIFE AMOUNT $ _____ TOTAL AMOUNT $ _____

☐ SPOUSE: LIFE AMOUNT $ _____ NAME _____ DATE OF BIRTH _____

☐ CHILD(REN) LIFE AMOUNT $_____ NAME _____ DATE OF BIRTH _____

NAME _____ DATE OF BIRTH _____

REASON FOR TERMINATION

☐ TERMINATION OF EMPLOYMENT ☐ RETIREMENT ☐ DEATH OF EMPLOYEE ☐ BENEFIT REDUCTION ☐ GROUP POLICY TERMINATION

☐ Other (Specify):_____

EMPLOYER AUTHORIZATION

THIS FORM WILL BE: ☐ HANDED TO THE EMPLOYEE ON (DATE): _____ ☐ MAILED TO EMPLOYEE ON (DATE): _____

X _____ _____

SIGNATURE OF AUTHORIZED EMPLOYER REPRESENTATIVE PRINT NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

SECTION II – TO BE COMPLETED BY EMPLOYEE

Do not mail this form to Anthem Life Insurance Company unless the top portion is completed and signed by your Employer.

Your Group Term Life Insurance Benefits are terminating as indicated above. You may be eligible to convert to an individual whole life insurance policy. Upon receipt of this completed form, Anthem Life Insurance Company will send you premium rates and an application form with instructions. Your application must be completed and sent to Anthem Life with the first full premium within 31 days after the date coverage is terminated.

This form is a request for conversion information. It is not an application for conversion of your group life insurance coverage. Receipt of this form and subsequent information does not guarantee your eligibility to convert your group term life insurance.

REQUESTOR'S NAME (LAST, FIRST, MI) _____ RELATIONSHIP TO EMPLOYEE _____

HOME ADDRESS (NO. & STREET) _____ CITY _____ STATE _____ ZIP CODE _____

SIGNATURE OF REQUESTOR _____ DATE _____ HOME TELEPHONE NUMBER _____

Do not enclose payment with this form. Send the entire form, when completed, to the address below:

Anthem Life Insurance Company ● Attn: Group Life Conversions ● P.O. Box 182361 ● Columbus ● Ohio ● 43218-2361

Life and disability products are underwritten by Anthem Life Insurance Company.

Anthem Life

Annual Life Premium Rates Per $1,000 of Life Insurance Coverage + $36.00 Policy Fee

Group Conversion Rates (IL3)

Age	Premium	Age	Premium
0	7.50	48	43.84
1	7.32	49	48.56
2	7.15	50	53.79
3	6.98	51	55.17
4	6.82	52	56.58
5	6.66	53	58.04
6	6.68	54	59.52
7	6.70	55	61.05
8	6.71	56	65.89
9	6.73	57	71.11
10	6.75	58	76.74
11	7.30	59	82.83
12	7.90	60	89.39
13	8.55	61	101.00
14	9.25	62	114.13
15	10.01	63	128.95
16	10.34	64	145.71
17	10.67	65	164.64
18	11.02	66	169.96
19	11.38	67	175.46
20	11.75	68	181.13
21	11.83	69	186.99
22	11.91	70	193.03
23	11.99	71	201.50
24	12.07	72	210.34
25	12.15	73	219.57
26	12.54	74	229.21
27	12.94	75	239.27
28	13.35	76	249.12
29	13.77	77	259.38
30	14.21	78	270.07
31	14.65	79	281.19
32	15.11	80	292.77
33	15.58	81	301.94
34	16.06	82	311.40
35	16.56	83	321.15
36	18.35	84	331.21
37	20.34	85	341.59
38	22.54	86	351.12
39	24.98	87	360.92
40	27.69	88	370.99
41	28.55	89	381.34
42	29.43	90	391.98
43	30.34	91	403.61
44	31.28	92	415.59
45	32.25	93	427.92
46	35.72	94	440.62
47	39.57	95	453.70

Example:

Age 47 for $66,000.00 face amount:

$39.57 X 66 = $2,611.62 + $36.00 = $2,647.62 annual premium

Quarterly premium: Annual premium X .26 ($2,647.62 X .26 = $688.38)

Semi-annual premium: Annual premium X .51 ($2,647.62 X .51 = $1,350.29)

Life and disability products are underwritten by Anthem Life Insurance Company.