

# LIFE CONVERSION INFORMATION REQUEST

ReliaStar Life Insurance Company, Minneapolis, MN  
A member of the Voya™ family of companies  
PO Box 20, Minneapolis, MN 55440



## Instructions

**Employer/Plan Administrator:** This form should be completed and furnished to every person who has the conversion right.

**Employee/Member/Spouse/Dependent (person requesting information):** Complete the employee/member/spouse/dependent section and mail to the insurer at the address shown below within 31 days (see your certificate for applicable time period) of the date of termination of group coverage.

## TO BE COMPLETED BY EMPLOYER/PLAN ADMINISTRATOR

Group Policyholder/Plan Name \_\_\_\_\_ Policy Plan Number \_\_\_\_\_

Account Number \_\_\_\_\_ Group Situs \_\_\_\_\_

Employee/Member Name (Last, First, MI) \_\_\_\_\_

Birth Date \_\_\_\_\_ SSN \_\_\_\_\_

Is employee/member disabled?  Yes  No If "Yes," give disability date. \_\_\_\_\_

Does policy have waiver provision?  Yes  No Was ownership assigned?  Yes  No

Initial Insurance Effective Date (with ReliaStar) \_\_\_\_\_ Employment Termination Date (if applicable) \_\_\_\_\_

Insurance Termination Date (DO NOT include grace period) \_\_\_\_\_

## COVERAGE TERMINATING

	Basic Amount	Supplemental/Voluntary Amount	Other	Total Amount Eligible for Conversion
<input type="checkbox"/> Employee/Member	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Dependent Spouse	\$ _____	\$ _____	\$ _____	\$ _____
<input type="checkbox"/> Dependent Children (each)	\$ _____	\$ _____	\$ _____	\$ _____

Reason for termination:  Termination of employment  Termination of group policy  Reduction of coverage  Retirement

Loss of Dependent Status  Death of Employee Spouse name \_\_\_\_\_  Other (specify) \_\_\_\_\_

This form will be:  Handed  Mailed to Employee/Spouse/Dependent \_\_\_\_\_ (Date)

➔ Employer/Plan Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Company Phone (\_\_\_\_\_) \_\_\_\_\_

## TO BE COMPLETED BY EMPLOYEE/MEMBER/SPOUSE/DEPENDENT (Do not mail this form to insurer unless top portion is completed and signed by Employer/Plan Administrator.)

Requestor Name (Last, First, MI) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship to Employee/Member \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

➔ Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Group Insurance Benefits are terminating as indicated above. You may be eligible to convert to an individual life policy by mailing this form within 31 days (see your certificate for applicable time period) of such termination.

Please read the Conversion Right in your group certificate to determine your eligibility. Complete this form and mail without delay. ReliaStar will send you a description of the conversion plan, premium rates and an application form.

**Important Notice:** This is not an application for conversion of your group life plan coverage. Receipt of this form does not guarantee your eligibility to convert your group coverage.

**IF YOU DO NOT RECEIVE INFORMATION WITHIN 21 DAYS AFTER THE DATE YOU MAILED THIS FORM, PLEASE CALL (800) 955-7736.**

Please mail to:

Voya Employee Benefits, Group Conversions, Route 8525, PO Box 20, Minneapolis, Minnesota 55440-0020

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

**PREMIUM RATES FOR WHOLE LIFE CONVERSION POLICIES** (Rates are based on annual premium per \$1,000 of insurance.)

Age	Rate	Age	Rate	Age	Rate	Age	Rate
0	7.75	25	12.30	50	38.99	75	149.65
1	7.85	26	13.03	51	41.10	76	156.19
2	7.94	27	13.90	52	43.40	77	163.12
3	8.05	28	14.55	53	45.99	78	170.47
4	8.15	29	15.22	54	48.12	79	178.35
5	8.28	30	15.93	55	50.51	80	186.88
6	8.41	31	16.64	56	53.45	81	196.19
7	8.56	32	17.40	57	56.70	82	206.38
8	8.70	33	18.20	58	59.68	83	217.63
9	8.86	34	18.49	59	63.23	84	230.06
10	9.05	35	19.09	60	67.41	85	243.87
11	9.24	36	20.22	61	72.72	86	259.20
12	9.41	37	21.68	62	77.30	87	276.26
13	9.55	38	22.67	63	82.01	88	295.24
14	9.69	39	23.76	64	86.03	89	316.37
15	9.85	40	24.84	65	90.88	90	339.83
16	10.00	41	25.06	66	96.83	91	365.89
17	10.16	42	26.14	67	103.40	92	394.78
18	10.36	43	27.30	68	108.97	93	426.76
19	10.58	44	28.40	69	114.59	94	462.09
20	10.82	45	29.79	70	120.27	95	501.05
21	10.92	46	31.48	71	125.60	96	543.91
22	11.32	47	33.38	72	131.39	97	591.02
23	11.77	48	35.17	73	137.30	98	642.62
24	11.97	49	37.05	74	143.36	99	699.09

Issued by ReliaStar Life Insurance Company, policy form RL-WL2-POL-07 (may vary by state).

**Example of Calculating Premium**

Currently, you have \$25,000 of basic coverage under your group policy. Your current age is 35. When that term life insurance stops, you want to convert the entire amount. You want to be billed semi-annually.

Use the following steps to calculate the premium:

1. Determine the amount of coverage you wish to convert. **\$25,000**
2. Calculate the number of thousands you wish to convert by dividing the amount from step 1 by 1,000. **\$25,000/1,000 = 25**
3. Find the rate corresponding to your age at the time of conversion. **\$19.09**
4. Multiply the number of thousands from step 2 by the rate found in step 3. **25 \* 19.09 = \$477.25**
5. Find a policy fee corresponding to the amount of coverage you elected in step 1. **\$12.00**
6. Add the policy fee to the amount in step 4. **\$477.25 + 12.00 = \$489.25**
7. Multiply the amount in previous step by 0.265 for Quarterly billings, 0.515 for Semi-Annual billings, and 1 for Annual billings: **\$489.25 \* 0.515 = \$251.96**

**\$251.96 is your semi-annual premium amount, which you need to submit with the application.**

**Please note: Calculate premium separately for each proposed insured person, but submit one check.**

<b>ANNUAL POLICY FEES FOR WHOLE LIFE INSURANCE</b>	
<b>Converted Face Amount</b>	<b>Policy Fee Amount</b>
\$1,000 – \$500,000	\$12.00
\$500,001 - \$1,000,000	\$24.00
\$1,000,001 - \$1,500,000	\$36.00
\$1,500,001 - \$2,000,000	\$48.00