



Life Conversion Instructions

Employer:

Please note, the employee must apply for Life Conversion within 31 days from the date of loss of coverage. You must notify the employee of their Conversion rights immediately following loss of coverage. If the application is received after 31 days, Life Conversion coverage may be denied. **Do not wait until termination of the group life insurance coverage.**

- Complete Employer section below. Sign and date the form to confirm member eligibility information.
- Provide the completed form and this checklist to the employee immediately following loss of coverage.
- The Lincoln National Life Insurance Company will work directly with the employee / proposed insured regarding the Life Conversion application process.
- Complete this section and provide to the employee as soon as you learn that an employee's employment will cease or that he, she, or a dependent will no longer be within an eligible class.

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|--|----------------|--|---|
| Employer (Firm Name and Division): | | | |
| Employer's Address (Street, City, State, Zip): | | Group Life Policy Number: | |
| Name of Person Eligible to Convert: | Date of Birth: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date employment or eligibility ceased: |
| Amount of basic and optional current Group Life Insurance: Applicant Amt Spouse Amount Dependent Amount | | Date Group Life Insurance ceased: | Date this person was first insured under the Group Life Insurance Policy: |
| Reason for Termination of Primary Applicant's Group Life coverage: <input type="checkbox"/> Employment terminated or membership in an eligible class terminated <input type="checkbox"/> Group Policy terminated or class of eligible persons terminated Person no longer dependent because: <input type="checkbox"/> Employee deceased <input type="checkbox"/> Child attained limiting age <input type="checkbox"/> Divorce or legal separation from insured <input type="checkbox"/> Child no longer dependent due to marriage, etc. | | Was this person actively at work on the date of separation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |
| Employer Signature: | | Date: | |

Dear employee:

If you are no longer eligible for coverage under the group life insurance policy, or you lost a portion of your coverage due an Age Reduction Schedule, you (and/or your covered dependent(s)) may be eligible to continue coverage via conversion to an individual life insurance policy.

If you wish to convert your coverage, please call us **1-877-321-1015**, to receive a quote. When you call, please have the following information ready:

- ☐ The Employer section completed by your employer
- ☐ Social Security Number(s)
- ☐ Names and addresses for all parties eligible to convert

Please refer to your Certificate of Coverage regarding any limitations and termination provisions for this coverage. **You must contact us within the grace period for Conversion printed in your Certificate of Coverage (generally 31 days).**

Note:

For New York or West Virginia residents, you may have the option to request a one-year term policy. If you are interested in a quote for the one-year term policy please call us at 1-800-423-2765 Option #1.

For Minnesota residents, you may be able to keep your group life insurance through continuation. If you live in Minnesota and would like additional information, please call us at 1-800-423-2765 Option #1.