



**CONSUMERS LIFE
INSURANCE COMPANY®**
A MEDICAL MUTUAL OF OHIO COMPANY

**APPLICATION FOR CONVERSION OF
GROUP LIFE INSURANCE**

17800 Royalton Road • Strongsville, Ohio 44136-5149

Upon becoming ineligible for group insurance, you may be eligible to convert all or part of your Group Life Insurance coverage to an Individual Whole Life Insurance policy regardless of any current health conditions. For information concerning your eligibility for conversion refer to your certificate.

To apply:

1. Complete Part 2 of this conversion application. Be sure your Employer has completed Part 1. Premium rates and instructions are shown on page 3.
2. Mail the completed application with your check or money order for the first premium to: Consumers Life Insurance Company, 17800 Royalton Road, Strongsville, Ohio 44136-5149.

PART 1: TO BE COMPLETED BY EMPLOYER			Group Number	Reason for Termination <input type="checkbox"/> Termination of employment or membership in eligible class <input type="checkbox"/> Termination of Group Policy and Date Term'd. _____ <input type="checkbox"/> Disability <input type="checkbox"/> Other (Specify) _____
Date Employment Term'd	Date Coverage Terminated	Last Actual Day of Work	Total Amount of Group Insurance	
Employer		Annual Salary \$	Insurance Class	
Signature of Employer Representative/Title		Telephone Number ()	Date Signed	

PART 2: TO BE COMPLETED BY INSURED

I hereby apply to convert my life insurance and affirm the following statements of fact:

NAME (Last, First, MI)	IDENTIFICATION NUMBER	TELEPHONE NUMBER ()	GROUP POLICY NO.
ADDRESS			
STREET		CITY	STATE ZIP CODE
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH / /	LAST DATE OF ACTIVE WORK MO DAY YR	E-MAIL
PREMIUM PAYABLE: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> EFT Monthly*		First full premium must be submitted with application Premium Enclosed \$ _____	

COVERAGE SELECTION:

Basic Coverage(s)	Total Amount of Coverage Applied for
Basic Life <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dependent Life <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supplemental Life <input type="checkbox"/> Yes <input type="checkbox"/> No	

PREMIUM CALCULATION WORKSHEET

For Conversion from Group Life to Individual Whole Life Policy

Premiums are payable to age 120 or death, whichever occurs first. To calculate your premium, find your present age and the corresponding **table rate per \$1,000** from the columns below. Multiply this premium by the number of thousands of dollars of insurance you plan to convert. Then add a \$90.00 policy fee. Then multiply the sum of the premium and the policy fee by the premium factor to find your modal premium.

Age at Issue Date	Table rate per thousand		Age at Issue Date	Table rate per Thousand	
	Male	Female		Male	Female
0	4.50	4.00	46	41.10	32.36
1	4.74	4.05	47	41.98	33.52
2	4.99	4.10	48	42.86	34.69
3	5.23	4.16	49	43.74	35.85
4	5.48	4.21	50	44.62	37.02
5	5.72	4.26	51	47.54	39.15
6	6.37	4.59	52	50.46	41.27
7	7.02	4.93	53	53.37	43.40
8	7.66	5.26	54	56.29	45.52
9	8.31	5.60	55	59.21	47.65
10	8.96	5.93	56	62.32	49.57
11	10.27	6.43	57	65.43	51.49
12	11.58	6.93	58	68.54	53.42
13	12.88	7.44	59	71.65	55.34
14	14.19	7.94	60	74.76	57.26
15	15.50	8.44	61	80.60	60.62
16	16.24	8.86	62	86.44	63.98
17	16.97	9.28	63	92.28	67.33
18	17.71	9.69	64	98.12	70.69
19	18.44	10.11	65	103.96	74.05
20	19.18	10.53	66	109.25	77.48
21	19.65	11.04	67	114.54	80.91
22	20.12	11.56	68	119.82	84.35
23	20.59	12.07	69	125.11	87.78
24	21.06	12.59	70	130.40	91.21
25	21.53	13.10	71	131.82	92.14
26	21.08	13.34	72	133.24	93.07
27	20.62	13.58	73	134.66	93.99
28	20.17	13.82	74	134.66	93.99
29	19.71	14.06	75	137.50	95.85
30	19.26	14.30	76	154.34	105.29
31	20.17	15.28	77	171.18	114.73
32	21.08	16.27	78	188.02	124.18
33	22.00	17.25	79	204.86	133.62
34	22.91	18.24	80	221.70	143.06
35	23.82	19.22	81	232.25	151.45
36	24.63	19.79	82	242.80	159.84
37	25.44	20.37	83	253.35	168.22
38	26.26	20.94	84	263.90	176.61
39	27.07	21.52	85	274.45	185.00
40	27.88	22.09	86	283.31	192.39
41	30.35	23.91	87	292.17	199.78
42	32.82	25.73	88	301.04	207.17
43	35.28	27.55	89	309.90	214.56
44	37.75	29.37	90	318.76	221.95
45	40.22	31.19			

Modal Premium	Premium Factor
Annual	1.000
Semi-Annual52
Quarterly275
EFT Monthly09

Example: Conversion of \$10,000 Group Life for a 35-year old to \$10,000 Whole Life Plan payable semiannually:

Example:

Table Rate X # of thousands to be Converted + policy fee of 90.00 X
Premium Factor = **Modal Premium**

$$[(\underline{\$23.82} \times \underline{10.000}) + \underline{\$90.00}] \times \underline{.52} = \underline{\$170.66}$$

Your Calculations:

Table Rate X # of thousands to be Converted + policy fee of 90.00 X
Premium Factor = **Modal Premium**

$$[(\underline{\quad} \times \underline{\quad}) + \underline{\$90.0}] \times \underline{\quad} = \underline{\quad}$$

EFT Authorization

If you wish to be billed through your financial institution, please complete the following authorization:

I authorize Consumers Life Insurance Company to initiate premium deductions from my account. The authorization will remain in effect until Consumers Life Insurance Company and my financial institution have received written notification from me within a reasonable time period to allow termination of the deduction.

Premiums are to be deducted from : Checking Savings
(Please note: Not all Financial Institutions allow deductions from savings account. Please verify this information with your financial institution.)

Name and branch of bank/financial institution _____

Address _____

City _____ State _____ Zip _____

Account Holder's Signature _____

Account Number _____

Account Holder's Name _____

Transit Routing Number _____

Date _____

Please attach a voided check for checking account for a deposit slip for savings account in order for our office to verify the bar information.

