

NOTICE OF CONVERSION RIGHT UNDER GROUP LIFE INSURANCE POLICY

Please print or type

Name of Employer				Group Policy No.	
Name of Employee - Last Name	First Name	M.I.	Date of Birth	Social Security Number	
Address		City	State	Zip	

Your group insurance will be (has been) terminated effective _____ . We are notifying you in compliance with state law and under the terms of the contract of your conversion privilege. You may convert your life insurance coverage to an individual policy of life insurance except a term policy

Application for conversion must be made within 31 days after termination of your insurance coverage or if this notice is received more than 15 days after the termination of your coverage, application for conversion must be made within 15 days of receiving this notice. However, in no event shall this additional

period in which to make application for conversion extend beyond 90 days after termination of your group insurance coverage.

Your current coverage is \$_____. If you are interested in converting your coverage to an individual policy, please check the box located at the bottom and return to Pacific Guardian Life Insurance Company, Ltd., 1440 Kapiolani Blvd., Suite 1700, Honolulu HI 96814.

_____ Dated

_____ Signature - Policyholder Representative

Please send me additional information on my conversion options.

I am interested in converting to an individual policy with coverage amount of \$_____

Note: You may convert up to but not exceeding the total amount of your group term life insurance.

_____ Dated

_____ Signature of Employee

Policyholder: Keep a copy for your files.