



Understanding your options to continue life insurance coverage
Portability and Conversion

You know that life insurance is an **important part of your overall financial planning package**. Now that your group insurance benefit eligibility has changed and your life insurance coverage has ended, you have **options** to continue your current life insurance coverage and **maintain your family’s financial health**.

Why you need to continue your life insurance

Life insurance helps by providing a set amount of money to your beneficiaries when you die. With the right amount of life insurance, you can help ensure that your family will be well-protected. Most people associate life insurance with death benefits, but the value of life insurance is much more than just paying for your funeral expenses. This coverage may help to:

- ◆ Pay off your mortgage loan and other debts
- ◆ Cover your family’s living expenses
- ◆ Ensure your family doesn’t lose anything more (like their home, their future, their hopes)
- ◆ Take care of your children’s education
- ◆ Provide your spouse and family with financial stability
- ◆ Provide for family member with special needs

You now have important decisions to make about continuing your life insurance benefits with New York Life Group Benefit Solutions (NYL GBS). You may be able to continue term life coverage for yourself and your family through Portability of your group coverage or by Conversion of your group coverage to individual whole life insurance, and paying premiums directly to NYL GBS for either option. Here is some information about the differences between these two options to help you make this important decision.

	Portability (Port)	Conversion (Convert)
What is the difference between ported coverage and converted coverage?	<ul style="list-style-type: none"> ▪ When you port your coverage, you can keep the group term life coverage offered through an NYL GBS group insurance contract along with some, but not all of the optional benefits that were included. Benefits not available on ported coverage include Accidental Death and Dismemberment. ▪ Term life insurance provides coverage for a specific term (in the case of ported coverage, up to a certain age). The policy expires at the end of the term, and there is no side fund or cash accumulation vehicle. It pays only the death benefit in the event you die during the period (or term) of coverage, and it has no accumulated cash value or benefit should you outlive the contract period (or term). 	<ul style="list-style-type: none"> ▪ When you convert your coverage, you are converting to an individual whole life (or permanent life) insurance policy. The converted policy only provides life insurance, and does not include the optional benefits such as Waiver of Premium, Accidental Death and Dismemberment. ▪ Whole life insurance builds cash value that you can borrow against or use to pay future premiums. Please read your conversion brochure for more details.

	Portability (Port)	Conversion (Convert)
Does coverage reduce or terminate because of age?	<ul style="list-style-type: none"> ▪ Employee: Your coverage amount will reduce if there is an age reduction schedule as you reach the age specified in your group contract. Coverage remains in force as long as premiums are paid up to the age specified in your contract. Often this is age 70. ▪ Spouse: Coverage may also terminate upon you or your spouse reaching a certain age. Please consult your group contract for these ages. ▪ Child(ren): Upon reaching the age of majority (no longer eligible for dependent coverage) as specified in your group contract, ported coverage terminates for your children and conversion is offered. Some contracts allow children who have reached the age of majority to port their coverage separately. Please consult your contract. 	<ul style="list-style-type: none"> ▪ Coverage can be maintained up to age 99, as long as premiums are paid. ▪ There is no age reduction schedule on the individual whole life policy.
Will I have to answer medical questions?	<ul style="list-style-type: none"> ▪ If you port your inforce amount - No. ▪ If you increase your coverage – Yes. 	<ul style="list-style-type: none"> ▪ No.
What is the maximum amount of coverage that can be continued?	<ul style="list-style-type: none"> ▪ You may be able port the amount you had in force upon termination of coverage under the group contract or request additional coverage up to the maximum specified for your class. Please check your group contract for specifics. ▪ Any increases above the inforce amount will require you to provide evidence of good health, and be approved by the Insurance Company. 	<ul style="list-style-type: none"> ▪ You may convert all or a portion of the insurance you had in force upon termination of coverage under the group contract. ▪ If the group policy is canceling, the amount available and the individuals eligible for conversion may be limited. Please check your group contract for specifics.
Can I increase, decrease or cancel coverage amounts after the initial application period?	<ul style="list-style-type: none"> ▪ Yes, you can increase coverage up to the plan maximum subject to medical underwriting requirements. ▪ Yes, you can decrease coverage within applicable limits. ▪ Yes, you can cancel coverage at any time. 	<ul style="list-style-type: none"> ▪ No, you cannot increase your coverage, you can only convert up to the amount of coverage you had inforce under the group contract. ▪ Yes, you can decrease coverage on permanent life coverage as needed. ▪ Yes, you can cancel coverage at any time.
How do I enroll/apply for coverage?	<ul style="list-style-type: none"> ▪ You will receive notification from your Employer and given direction on how to obtain the applications required. ▪ The application will include contact information if you have additional questions. ▪ Your ported coverage will take effect the first of the month following the coverage end date. 	<ul style="list-style-type: none"> ▪ You will receive notification from your Employer and given direction on how to obtain the applications required ▪ The application will include contact information if you have additional questions. ▪ A separate Conversion application must be completed for each insured. ▪ The converted policy will be effective 31 days after coverage under the group policy terminates. A separate policy is issued to each insured.

	Portability (Port)	Conversion (Convert)
When must I enroll/apply for coverage?	<ul style="list-style-type: none"> You have 62 days from the coverage end date to send the application to port your coverage. If you were not notified of your right to port your coverage within the first 31 days from your group coverage end date, you will have 31 days from the date of your notification of your right to convert/continue coverage. In no event, will the period to apply for ported coverage be more than 105 days from group your coverage end date. 	<ul style="list-style-type: none"> You have 62 days from the coverage end date to send the application and premium payment to convert your coverage. If you were not notified of your right to convert your coverage within the first 31 days from your group coverage end date, you will have 31 days from the date of your notification of your right to convert/continue coverage. In no event will the period to apply for conversion coverage be more than 105 days from your group coverage end date.
Will the rates be different from the rates I paid while I was working?	<ul style="list-style-type: none"> The premium rates are typically higher than what you paid under the group contract. The premium rates for ported coverage increase with age and are not guaranteed. If you elect to port your coverage, you will enter a pool of other individuals who have ported their coverage. Rates are then based on the experience of this group. As with any group of insureds, rates may change. 	<ul style="list-style-type: none"> The rates for conversion policies normally have a higher premium rate. The rate is based on your age at the time you convert your coverage and is guaranteed for life (i.e. to age 99).

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LINA – Standard
 NYL GBS 2021



PORTABILITY RATES

Portability Rates

Rates shown below are per \$1,000 of coverage per month

(Employee and Spouse)

Attained Age	Rate per \$1,000
Under 20	\$.153
20 to 24	\$.144
25 to 29	\$.153
30 to 34	\$.177
35 to 39	\$.190
40 to 44	\$.243
45 to 49	\$.384
50 to 54	\$.726
55 to 59	\$1.347
60 to 64	\$2.461
65 to 69	\$4.065
70 to 74	\$6.143
75 to 79	\$9.792
80 to 84	\$15.523
85 to 89	\$24.106
90 to 94	\$36.119
95 to 99	\$51.278

While this table of rates shows premium rates through age 99, eligibility for continuance of coverage will be as provided under the terms of the policy under which life insurance is being continued, including any age limits contained in the policy.

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Now is the Time...

...to convert your group accident insurance to an individual policy.

This document describes the Accidental Death and Dismemberment (AD&D) insurance coverage (including Family coverage) available to persons who are no longer eligible for insurance under a Cigna Group Accident Policy.

Take advantage of this opportunity NOW!

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Now is the Time!

Because...

YOU UNDERSTAND the value of Accident Insurance. You've been enrolled in a Group Accident Insurance Policy (AD&D) with Cigna, secure in the knowledge that your family will have the advantage of financial assistance in the event of a covered accident which results in death or dismemberment.

Because...

WE UNDERSTAND your interest in continuing your Accident Insurance protection without interruption. If you are under age 70, Cigna is providing this opportunity to convert all or part of your current AD&D coverage. You may convert your coverage when your group accident insurance coverage terminates because you have ceased to be eligible or you have terminated employment with the policyholder. You may also convert if the group accident insurance policy has been terminated by your employer or amended to terminate insurance for your class, and is available for all insureds who meet the requirements of the Policy. Please refer to your Certificate of Insurance for details.

Because...

IT'S EASY TO CONVERT TO INDIVIDUAL COVERAGE. You may enroll for this coverage without providing medical or other evidence of good health, by submitting a completed application along with your check or money order for the initial premium payment by the deadline stated in your certificate of insurance (which will not be less than 31 days from your last day worked).

Your Converted Policy...

will be effective on the day following the date coverage ended under your group insurance policy or the date application is made, if later. The insurance pays for loss caused by, and occurring within one year after, a covered accident:

Loss of

Life	Principal Sum
Two or more members*	Principal Sum
One Member	One-Half Principal Sum
Thumb and index finger of same hand	One-Quarter Principal Sum

*"Member" means hand, foot or eyesight.

Only one amount, the largest to which you are entitled, is payable for all losses resulting from one accident.

General Information

The policy is renewable with the Insurance Company consent until you reach age 70. The Insurance Company may change renewal premium rates only on a class basis, not an individual basis.

You may cancel at any time after the policy's original term.

Note: This individual accident insurance is not available if the Insurance Company has already issued you an individual AD&D policy converted from the same employer's plan.

Family Plan

If you are an employee whose group AD&D coverage has terminated, you may elect Family Plan coverage, whether or not you insured dependents under the group policy. Family Plan coverage includes the following dependents:

1. Your spouse, if under age 70.
2. Your unmarried dependent children who are under age 19 (under age 25 if a full time student). Eligible children include your natural children (from date of birth), adopted children (from date of placement) and step-children, provided their principal residence is with you, and they chiefly rely on you for support or maintenance.

If you had dependents insured under the group policy that are not eligible under the Family Plan coverage, each of those dependents may elect his or her own individual AD&D conversion policy. For example, a domestic partner who was insured under the group policy, or an insured child who doesn't meet the above definition, can apply for an individual AD&D conversion policy. In addition, if you do not elect Family Plan coverage, any dependent who was insured under the group policy, and who is no longer eligible (because of your termination of employment, divorce, child no longer eligible, etc.) can apply for an individual AD&D conversion policy.

If you insure your spouse and/or dependent child/ren under the Family Plan, the amount of insurance applicable to members of the family is based on the composition of the family at the time of loss, and is expressed as a percentage of your Principal Sum, as follows:

- 1) At the time of accident the family consists of You, Your Spouse and Dependent Children
 - Insured 100%
 - Spouse 40%
 - Each Child..... 10%
- 2) At time of accident the family consists of You and Your Spouse but NO Dependent Children
 - Insured 100%
 - Spouse 50%
- 3) At time of accident the family consists of You and Your Dependent Child/ren but NO Spouse
 - Insured 100%
 - Each Child..... 15%

Example: Under the Family Plan, your benefit is \$100,000. The family consists of you, your spouse, and three children.

Your Amount	\$100,000.00
Your Spouse's Amount	40,000.00
Each Child's Amount	10,000.00

Selection of your Principal Sum

The amount you may apply for is dependent upon the reasons the current Cigna group insurance policy or any portion of it ended. Below is eligibility information on what you may apply for based on the reasons your Cigna group accident plan is ending. Please refer to the eligibility rules that apply to you.

If your insurance or any portion of it ends for any of the following reasons:

- a. employment termination or;
- b. termination of membership in an eligible class.

You may apply for an amount of coverage that is:

- a. in \$1,000 increments;
- b. not less than \$25,000, regardless of the amount of insurance under the group accident policy; and
- c. not more than the amount of insurance that is terminating under the group accident policy, except as provided above, up to a maximum amount of \$250,000.

Limitations and Exclusions

No benefits will be paid for loss resulting from:

1. Intentionally self-inflicted injuries or any attempt thereat, while sane or insane (in Missouri, while sane).
2. Declared or undeclared war or act of war.
3. Accident occurring while the Insured is serving on full-time active duty for more than 30 days in any Armed Forces. (Send us proof of service. We will refund any premiums paid for this time.) (Reserve or National Guard active duty for training is not excluded.)
4. Travel or flight (including getting in or out, on or off) in any aircraft or device which can fly above the earth’s surface if:
 - A. The aircraft or device is used:
 - 1) For test or experimental purposes; or
 - 2) By or for any military authority. (Aircraft flown by the U.S. Military Airlift Command (MAC) or similar service of another country are not excluded); or
 - 3) For travel, or is designed for travel, beyond the earth’s atmosphere; or
 - B. The Insured is:
 - 1) Serving as a pilot or crew member (or student taking a flying lesson) and is not riding as a passenger; or
 - 2) Hang-gliding; or
 - 3) Parachuting, except where the Insured has to make a parachute jump for self-preservation.
5. Commission of a felony by the Insured.
6. Sickness, disease, bodily or mental infirmity, or medical or surgical treatment thereof or bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseeable result of an accidental external cut or wound, or accidental food poisoning.

Your Costs

**Accidental Death and Dismemberment
Annual Premium Schedule**

UNDER AGE 65		
PRINCIPAL SUM*	INSURED ONLY	INSURED & FAMILY
25,000	31.25	45.00
50,000	62.50	90.00
100,000	125.00	180.00
150,000	187.50	270.00
200,000	250.00	360.00
250,000	312.50	450.00
AGE 65 UNTIL AGE 70		
PRINCIPAL SUM*	INSURED ONLY	INSURED & FAMILY
25,000	46.25	67.50
50,000	92.50	135.00
100,000	185.00	270.00
150,000	277.50	405.00
200,000	370.00	540.00
250,000	462.50	675.00

* See the section labeled “**Selection of Your Principal Sum**” to determine the Principal Sum you are eligible to apply for.

If your terminating Principal Sum is not shown in the schedule above you can calculate your premium using the instructions under “To Calculate Your Premium” section.

To Calculate Your Premium

Example: If the Principal Sum on your terminating group accident policy is \$75,000,

Under Age 65

Insured Only: \$75,000 divided by 1,000=75. 75 multiplied by **\$1.25 per year****=\$93.75 of annual premium. Insured & Family: \$75,000 divided by 1,000=75. 75 multiplied by **\$1.80 per year****=\$135.00 of annual premium.

Age 65 Until Age 70

Insured Only: \$75,000 divided by 1,000=75. 75 multiplied by **\$1.85 per year****=\$138.75 of annual premium. Insured & Family: \$75,000 divided by 1,000=75. 75 multiplied by **\$2.70 per year****=\$202.50 of annual premium.

**Rate per \$1,000 per year.

If you wish to pay the premium semi-annually or quarterly, please note:

For a Principal Sum of \$50,000 or more, you may pay the premium semi-annually by dividing the annual premium by 2.

For a Principal Sum of \$100,000 or more, you may pay the premium quarterly by dividing the annual premium by 4.

Example: If your Principal Sum is \$100,000, you have the family coverage, and your attained age is 55, your total quarterly premium for you and your family equals \$45.00.

The completed application and premium must be sent to the address shown on the application by the deadline stated in your certificate of insurance. Please note that the application includes a section that must be completed by your employer. This may have been filled out by your employer before it was given to you. If it is blank, please go ahead and submit the application without this section completed, we will obtain the required information from your employer. If you received a cover letter from a Cigna customer service center, or your former employer, please provide that letter instead.

If you have any questions or need assistance in completing the application, please call our toll-free number 1-800-441-1832, Monday through Friday, 8:00 am to 4:00 pm (EST).

Application for Conversion of Accidental Loss of Life, Limb or Sight Coverage to an Individual Policy

Life Insurance Company of North America
Cigna Life Insurance Company of New York



The following information must be completed by the Insured or the Owner of this coverage, if coverage was previously assigned. If your basic and voluntary group policies were issued under two separate group policy numbers and you wish to convert both, two separate applications must be completed. Copies of this form are acceptable.

Employer Name:		Group Policy #:
Insured/Owner Name (Last, First, MI):		Relationship to Employee:
Address (Street, City, State, Zip Code):		
Date of Birth (Month/Day/Year):	Telephone Number:	Social Security Number:

Total amount of Accidental Death and Dismemberment Coverage you wish to convert*: \$ _____

Family Coverage Yes No

*Please note: this amount cannot exceed the amount you had under the Group Policy, to a maximum of \$250,000.00.

I wish to pay premiums: Annually Semi-annually Quarterly

• Amount of payment submitted with this application (minimum is quarterly) \$ _____, check # _____

Beneficiary Information – The Employee or the Assignee (if the Employee has Assigned ownership) must specify a beneficiary by completing the section below. When specifying multiple beneficiaries, the insured must indicate the percentage of distribution for each and the total must equal 100%. Any benefits that remain undesignated will be paid in accordance with the applicable provisions of the policy/certificate. If there is not enough room to specify all beneficiaries (e.g. Primary and Contingent beneficiaries), attach, sign and date a separate sheet of paper using the format below:

Beneficiary Name, Address, Phone Number	Percentage Total: 100%	Social Security Number	Date of Birth (Month/Day/Year)	Relationship
	%			
	%			
Contingent Beneficiary Name, Address, Phone Number	Percentage Total: 100%	Social Security Number	Date of Birth (Month/Day/Year)	Relationship
	%			
	%			

If you need additional space for your beneficiaries – sign, date, and attach a separate sheet of paper using the above format.

Spouse's Beneficiary: Loss of life benefits will be paid to the owner. All other benefits will be paid to the spouse.

Child's Benefits: Loss of life and all other benefits will be paid to the owner.

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington or Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

Spouse Signature: _____ Date: _____
Month/Day/Year

I have read the above statements and agree that they are accurate and complete to the best of my knowledge and belief. I understand that this insurance will be issued on reliance upon such statements. I further agree that while my application to convert under the terms of the group policy is being reviewed, the Insurance Company may deposit the payment submitted with the application. If I am later determined not to be eligible to convert my group insurance, the sole obligation of the Insurance Company shall be to refund the premiums paid.

Signature of Insured/Owner: _____ Date: _____
Month/Day/Year

Complete this application and mail along with your check and employer verification section or coverage verification letter to:

Life Insurance Company of North America (Please make check payable to LINA)
P.O. Box 786020
Philadelphia, PA 19178-6020

Overnight Address only:
Cigna Group Insurance
101 North Independence Mall East
Lockbox 786020
Philadelphia PA 19106

If you have any questions or need assistance in completing the application, please call our toll-free number 1.800.441.1832, Monday through Friday, 8:00 a.m. to 4:00 p.m. (EST).



Employer Notice of Right to Convert Group Accidental Death & Dismemberment (AD&D) Insurance

Life Insurance Company of North America
Cigna Life Insurance Company of New York

This Section must be completed by the Employer/Policyholder

Employer/Policyholder Name: _____ Basic Group Policy #: _____
 Voluntary Group Policy #: _____
 Name of Employee: _____ Class #: _____
 Date of Hire: _____ Last Day Worked: _____ Employment Termination Date: _____
Month/Day/Year Month/Day/Year Month/Day/Year
 Salary as of the Employee's last day worked: _____ Effective Date of Salary: _____ Group Coverage End Date: _____
(Month/Day/Year) (Month/Day/Year)

Reason for Termination of Coverage:

Termination of Employment
 Other (Specify) _____ (Ex. Leave of Absence, FMLA)
 Cancellation of Group Policy

Amount of Terminated Group Accident Insurance Eligible for Conversion:

Employee Basic Amount \$ _____ Effective Date of Employee Basic Coverage: _____
Month/Day/Year

Employee Voluntary Amount \$ _____ Effective Date of Employee Voluntary Coverage: _____
Month/Day/Year

Premium Paid through Date for: Basic AD&D: _____ and/or Voluntary AD&D: _____
Month/Day/Year Month/Day/Year

Employee and Family Plan:* Yes No If "Yes" please complete below:

Spouse Voluntary Amount* \$ _____ Effective Date of Spouse Voluntary Coverage: _____
Month/Day/Year

Child Voluntary Amount* \$ _____ Effective Date of Child Voluntary Coverage: _____
Month/Day/Year

**If your group policy provided dependent spouse/child coverage under a Family Plan, please indicate the applicable benefit percentage in effect as of the coverage term date. (Ex. 50%, 100%)*

Verification provided by:

Employer/Policyholder Signature Title Date: _____
Month/Day/Year

E-mail Address: _____ Telephone #: _____

Important Information to Employer/Policyholder:

- Has an assignment been recorded on any of these coverages? Yes No
 - If an assignment has been recorded for the coverage, you will need to provide notice to the assignee and not the employee
- Make a copy of this form for your file. This is for your own protection to ensure proper notification has been given.
- This form must be completed in its entirety. If any portion is incomplete or incorrect, it could result in delays or rejection of this valuable coverage for the employee and/or his/her dependents.



CONVERSION OF GROUP LIFE INSURANCE TO AN INDIVIDUAL POLICY

Life Insurance Company of North America (LINA)

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LIFE INSURANCE COMPANY OF NORTH AMERICA

YOUR RIGHTS UPON TERMINATION OR REDUCTION OF YOUR LIFE INSURANCE

Conversion Privilege

Your group life insurance policy contains a *conversion privilege*. This means that if your group life insurance ends due to termination of employment or termination of membership in an eligible class under the group policy, you have a right to purchase an individual whole life insurance policy, with an amount of life insurance not exceeding the amount of group life insurance which has terminated.

You do not need to provide proof of good health. However, you must apply for this policy, and pay the first premium, within 31 days of the date that your group life insurance ended.

This policy will be an individual whole life insurance policy. This policy is noncancellable and premium rates are guaranteed. Premium rates are based on your age when you purchase the individual policy and do not increase as you get older. The policy will, if it is kept in force, build cash value, which can be used for policy loans, or to provide a reduced amount of life insurance that is paid-up (i.e. no further premium payments are required).

Portability

Your group life insurance policy may also provide for a *portability feature*, which allows for group term life insurance to be continued on a direct bill basis, if your life insurance ends due to termination of employment or membership in an eligible class. Premium rates are based on our claim experience for all former employees continuing life insurance through portability, and are generally higher than premium rates charged for active employees under the group policy. Initial premium rates are generally lower than initial premium rates for an individual whole life insurance policy issued under the conversion privilege, but are not guaranteed, and will increase with age. This insurance is term life insurance, which does not build cash value.

Please read your certificate of insurance to find out if your group life insurance policy provides this portability feature, and how much life insurance can be continued. If your group life insurance policy provides for portability, you must choose whether to exercise this portability right, or to purchase an individual whole life insurance policy. You cannot choose both, unless the group policy permits portability for only part of the group life insurance cover-age (e.g. voluntary life insurance), in which case you can choose portability to the extent it is permitted, and convert the rest of the terminating life insurance to an individual policy.

What If My Life Insurance Is Reduced?

If your group life insurance coverage is reduced due to a change in eligible class (e.g. from active employee to retiree), you may convert the amount of coverage that is reduced to an individual whole life insurance policy.

Please refer to your certificate of insurance to see if reductions in life insurance in other circumstances will allow you to convert. Generally, reductions in life insurance cannot be converted if they are due to (1) reaching a certain age, e.g. age 65; or (2) amendment of the group insurance policy. Reductions in life insurance due to reduction in your earnings (where group life insurance is based on your earnings), or reduction in your hours (unless this causes you to become insured under a different class of employees, e.g. part-time employees), cannot be converted.

Portability is only available if your employment terminates, or if your life insurance ends due to loss of eligibility. Portability is not permitted for reductions of group life insurance.

What If The Group Policy Is Terminated Or Amended?

If your group life insurance ends because the group policy has been terminated or amended, you may have a right to convert a portion of the life insurance to an individual whole life insurance policy. Generally, the amount of life insurance that can be converted is limited to \$10,000, and is only available to employees who were insured under the group policy (or another group policy issued to the same employer) for three years or more. Please refer to your certificate of insurance for details.

If the terminated group life insurance is replaced within 31 days, the amount of life insurance that you can convert will not exceed the amount by which group life insurance was reduced, if any. For example, if your employer terminates its Cigna group life insurance policy, and replaces it with another group life insurance policy that provides an equal or greater amount of life insurance, the conversion privilege is not available.

Portability is not available if coverage ends due to termination or amendment of the group insurance policy.

What If My Life Insurance Has Been Continued Under The Group Insurance Policy's Waiver of Premium Feature?

Some group life insurance policies provide that group life insurance may be continued for totally disabled employees under the waiver of premium feature. This coverage will end when you reach a maximum age limit (usually, age 65), or fail to provide proof that you continue to be disabled. If your continued group life insurance ends due to one of these reasons, you can convert to an individual whole life insurance policy. The application process is the same, except that, if included, you do not need to have the employer section of the application completed.

How Long Do I Have To Convert?

In general, you must apply for, and pay the first premium for, the individual whole life insurance policy within 31 days after your group life insurance ends (or is reduced, if applicable).

If you do not receive written notice of the right to convert (e.g. this brochure, or other information provided by your employer or its administrator) at least 15 days before the end of this 31-day period, you will have an additional time in which to convert. In general, this right must be exercised by the earlier of 15 days after you receive written notice, or 91 days after your group life insurance ends.

The right to convert will end 91 days after your group life insurance ends, whether or not you have received this brochure or other written notice.

If your group life insurance policy includes the portability feature, that right may be exercised during the same period of time in which you have to exercise the conversion privilege.

What About My Dependents?

The right to convert group life insurance to an individual whole life policy is also available to your insured dependent spouse and children, in the following circumstances:

1. Your group life insurance ends.
2. Your spouse's group life insurance ends due to divorce, legal separation, or reaching the age limit in the group policy.
3. A dependent child's coverage ends due to reaching the maximum eligibility age provided for in the policy (e.g. age 26), or due to marriage or ceasing to be financially dependent. (Refer to your certificate of insurance to see when a dependent child's coverage ends.)
4. Your spouse's or a dependent child's coverage ends due to your death.

Each person (you, your spouse, or your dependent children) who is eligible to convert will be issued his or her own individual whole life insurance policy.

A dependent's right to purchase an individual whole life insurance policy must be exercised within 31 days of termination of group life insurance.

The group life insurance policy may provide that dependents will have the right to exercise the portability feature. Please refer to your certificate of insurance to see if this option is available. If this option is provided:

1. If you choose to exercise the portability feature due to termination of your employment, or membership in an eligible class, you may also choose to insure any dependents (spouse or children) who were insured when your group life insurance ended.
2. Your spouse may choose to exercise the portability feature if his or her life insurance ends due to divorce or legal separation.
3. Each dependent child whose life insurance ends due to reaching the age limit (or otherwise no longer being eligible for group life insurance, e.g. due to marriage) can choose to exercise the portability feature for himself or herself.
4. If your spouse's group life insurance ends due to your death, your spouse may continue life insurance for himself or herself, and may also continue insurance for any dependent children who were insured under the group policy on your date of death.

How Much Does This Life Insurance Cost? And How Do I Apply?

A table of rates, and a premium calculation worksheet, for the individual whole life insurance policy is included with this brochure.

If your group life insurance policy includes a portability feature, you should have also been provided a table of rates for continuing group life insurance. Please note, these rates are generally higher than premium rates under the policy for active employees.

An application for an individual whole life insurance policy is included, and also an application to continue life insurance under the portability feature, if applicable.

Each insured must complete, sign and date a separate application for conversion of Group Life Insurance. You must calculate your insurance age and premium for the amount you selected. (See the instructions for calculating your insurance age and premium, included in this booklet.)

If your certificate of insurance includes the portability feature, but a portability application was not provided to you, please contact your employer.

Please note that the application includes a section that must be completed by your employer. This may have been filled out by your employer before it was given to you. If it is blank, please go ahead and submit the application without this section completed and we will obtain the required information from your employer. If you received a cover letter from a Cigna claim or customer service center, or your former employer, please provide that letter along with your application.

Please submit the completed application(s), and the initial quarterly premium payment(s) made payable to **Life Insurance Company of North America (LINA)**, to the address shown below by the deadline. Payments should be made via check or money order, we cannot accept cash.

AmWINS Group Benefits, Inc.
P.O. Box 152501
Irving, TX 75015-2501

or

AmWINS Group Benefits, Inc. (Overnight Address only)
8505 Freepoint Parkway South
Suite 500
Irving, TX 75063

How Long Can This Life Insurance Be Continued In Force?

If you purchase an individual whole life insurance policy under the conversion privilege, that policy can be continued in force for your lifetime, or age 100, provided that you pay premiums when due. Coverage will not reduce due to age.

If you continue life insurance under the portability feature, coverage can generally be continued in force until you reach age 70, provided that you pay premiums when due. Coverage may reduce due to age, if provided for by the group policy. In most cases, if you have continued group life insurance under the group policy, it may be continued even after the group policy has terminated. However, if the group policy provides that continued group life insurance will end if the group policy is terminated, you will have a right to purchase an individual whole life insurance policy under the conversion privilege at that time. Please refer to your certificate of insurance for specific information.

To Whom Will Life Insurance Benefits Be Paid?

You must designate a new life insurance beneficiary (or beneficiaries) when you convert to an individual whole life insurance policy, or exercise the right to portability. Any beneficiary designation which you made under the group life insurance policy will not automatically carry forward. Space to designate beneficiaries is included in the conversion and portability applications.

When Does Converted or Continued Insurance Go Into Effect? What Happens If I Die Before Then?

If you purchase an individual whole life insurance policy under the conversion privilege, that policy will go into effect on the 32nd day after your group life insurance ends. This is the effective date (and premiums will start as of that date) whether you apply early, or if you apply after 31 days but before the deadline.

If you die during the first 31 days after your group life insurance ends, the group life insurance policy provides that a death benefit will be paid, to your beneficiary (or beneficiaries) in effect under the group life insurance policy. The amount of this death benefit will be the amount that you could have converted. (Depending on the reason that you are eligible to convert, this might be less than the amount of life insurance that was provided to you under the group life insurance policy.) This death benefit will end 31 days after your group life insurance ends, even if your deadline to convert has been extended based on when you received this brochure or other written notice.

If you instead choose to exercise the portability feature, you will be required to pay premiums from the first of the month following the date that your group life insurance eligibility ended.

Instructions for Calculating Your Insurance Age and Premium.

After you have selected the amount of insurance you wish to convert, you can calculate your Insurance Age and premium using the example below:

Calculate your Insurance Age:

1. Determine the effective date of your new policy, which is usually 31 days immediately following your termination of your group life insurance coverage.
2. The age you will be six months from the effective of the new whole life insurance policy is your "Insurance Age". If your birthday falls within that six-month period, you must add one year to your present age, otherwise use your present age.

For example:

Date of Birth:	March 1, 1973
Age in March 2013:	40
Date Group Insurance Ended:	November 14, 2013
Effective Date of New Policy:	December 16, 2013
Six Months from December 16, 2013:	June 16, 2014
Insurance Age:	41

3. To determine your annual premium rate, first determine your "Insurance Age" as defined in step 2. Then refer to the rate table included in this document.
4. Calculate your premium using the included worksheet.

Calculate Your Premium:

1. Number of \$1,000 units of insurance being converted, up to the amount terminating under your group life Insurance policy (e.g., \$11,500 equals 11.5)

2. Enter the rate per Unit for insurance age from the rate table

3. Annual Premium...Multiply (1) X (2)

4. Annual Policy Administration Fee

_____ \$100.00 _____

5. Annual Payment...Add (3) & (4)

6. Enter the appropriate payment frequency factor:

Annual Payment x 1.00 Semi-
 Annual Payment x 0.50
 Quarterly Payment x 0.25

7. Total Payment Due Multiply (5) x (6)

This is your total initial payment amount due. Send a check or money order for this amount payable to **Life Insurance Company of North America (LINA)**.

Monthly payments are also available by using the **Electronic Funds Transfer (EFT)** option. An automatic monthly deduction would be made from your personal checking account to pay your premiums. If you are interested in this option, please indicate "yes" in the space provided on the application form. An authorization form will be sent to you upon receipt of your application. **Your initial payment must be for at least the quarterly amount and must be included with your application.**

Examples:

STEP	AGE 60 \$22,000 FACE ANNUAL PAYMENT	AGE 49 \$53,000 FACE SEMIANNUAL PAYMENT	AGE 36 \$8,500 FACE QUARTERLY PAYMENT
1	22	53	8.5
2	\$51.24	\$29.52	\$16.32
3	\$1,127.28	\$1,564.56	\$138.72
4	\$100.00	\$100.00	\$100.00
5	\$1,227.28	\$1,664.56	\$238.72
6	1.00	.50	.25
7	\$1,227.28	\$832.28	\$59.68

Special Notes:

If you were covered for Basic and Supplemental Life Insurance and you are converting both benefit amounts, add the two amounts together and indicate the total amount on the application. Only one Individual Whole Life insurance policy will be issued.

- The Annual Policy Administration Fee is an annual fee which is included in the calculation of your payment.
- You cannot increase your Individual Whole Life insurance coverage once issued.

Checklist:

1. Did you calculate your correct Insurance Age?
2. Did you indicate the amount of insurance you wish to convert?
3. Did you double-check your premium calculation and indicate the mode of payment?
4. Did you designate your Beneficiary(ies)?
5. Has each Insured signed and dated their own conversion application and included their initial payment?

If you have any questions or need assistance in completing this application, please call our toll-free number 1-800-423-1282, Monday through Friday, 8:00 A.M. to 4:30 P.M. (CST).

ANNUAL RATE PER \$1,000

INSURANCE AGE	RATE	INSURANCE AGE	RATE	INSURANCE AGE	RATE
Under 1	6.24	34	15.00	68	79.68
1	6.36	35	15.72	69	84.84
2	6.48	36	16.32	70	90.24
3	6.48	37	17.04	71	95.59
4	6.60	38	17.88	72	101.28
5	6.72	39	18.60	73	107.34
6	6.84	40	19.44	74	113.83
7	7.08	41	20.40	75	120.82
8	7.20	42	21.36	76	128.34
9	7.44	43	22.20	77	136.45
10	7.56	44	23.40	78	145.16
11	7.80	45	24.48	79	154.44
12	8.04	46	25.68	80	164.30
13	8.16	47	26.88	81	174.75
14	8.40	48	28.20	82	185.79
15	8.64	49	29.52	83	197.51
16	8.76	50	30.96	84	209.98
17	9.00	51	32.52	85	223.35
18	9.12	52	34.20	86	237.79
19	9.36	53	35.88	87	253.51
20	9.60	54	37.68	88	270.84
21	9.84	55	39.60	89	290.20
22	10.08	56	41.64	90	312.14
23	10.32	57	43.80	91	337.44
24	10.56	58	46.20	92	367.21
25	10.92	59	48.60	93	403.17
26	11.28	60	51.24	94	448.15
27	11.64	61	54.00	95	507.56
28	12.00	62	57.00	96	591.41
29	12.36	63	60.12	97	719.08
30	12.84	64	63.36	98	919.40
31	13.32	65	66.84	99	1,173.58
32	13.80	66	70.68		
33	14.40	67	75.00		



Application for Conversion of Group Life Insurance

Underwritten by Life Insurance Company of North America
(Herein called the Insurance Company)

Each insured must complete, sign and date a separate Application for Conversion of Group Life Insurance (copies of this form are acceptable). The following information must be completed by each insured or the owner of this coverage if coverage was previously assigned.

IMPORTANT

- If you or any of your dependents had to submit medical evidence of good health for any part of the Life Insurance amount, please provide a copy of the approval letter, and/or any other related documentation that you received regarding the decision rendered.

Employer Name: _____ Group Policy Number: _____

Insured Name: _____ Social Security Number: _____
(Last) (First) (MI)

Address: _____
(Street) (City) (State) (Zip Code)

Date of Birth: _____ Gender: Female Male Relationship to Employee: _____
Month/Day/Year

Phone Number - Day _____ Phone Number - Evening _____

COMPLETE THE NEXT 2 LINES FOR CONVERSION OF EMPLOYEE COVERAGE ONLY

Employee's Last Day Worked _____ Were you disabled on your Coverage End Date? Yes No

Reason for leaving work _____

Total amount of Coverage you wish to convert \$ _____

How shall premiums be payable: ANNUALLY SEMI-ANNUALLY QUARTERLY (default)

Amount of Payment submitted with this application (minimum is quarterly) \$ _____

I elect the Automatic Premium Loan Provision: Yes No

Please indicate if you would like information on Electronic Funds Transfer (EFT) Yes No

Note: Your initial payment must be for at least the quarterly amount and must be included with your application before the monthly EFT can become effective.

Have you applied for: (check all that apply)

Waiver of Premium Application Date: _____
(Month/Day/Year)

Accelerated Death Benefit (ADB) Application Date: _____
(Month/Day/Year)


Insured Name _____ Social Security Number _____

Beneficiary Information

The Employee or the Assignee (if the Employee has Assigned ownership) must specify a beneficiary(ies) by completing the section below. When specifying multiple beneficiaries, the insured must indicate the percentage of distribution for each and the total must equal 100%. Any benefits that remain undesignated will be paid in accordance with the applicable provisions of the policy/certificate. If there is not enough room to specify all beneficiaries (e.g. Primary and Contingent beneficiaries), attach, sign and date a separate sheet of paper using the format below.

Primary Beneficiary Name, Address, Phone #	Percentage <i>Must equal 100 %</i>	Social Security #	Date of Birth <i>Month/Day/Year</i>	Relationship
	%			
	%			
Contingent Beneficiary Name, Address, Phone #	Percentage <i>Must equal 100 %</i>	Social Security #	Date of Birth <i>Month/Day/Year</i>	Relationship
	%			
	%			

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.


 Spouse Signature: _____ Date: _____
Month/Day/Year

IMPORTANT NOTICE TO THE EMPLOYEE

Your eligibility for Life Insurance under the Group Insurance Policy issued by Life Insurance Company of North America to the Policyholder has ceased. You are hereby notified that under the terms of the Group Policy, you may, subject to the terms of the Policy, convert all or part of your Life Insurance coverage under the said Policy to an Individual Whole Life policy. The Individual Whole Life policy will not contain disability or supplemental benefits. Your application and payment must be submitted within 31 days after the coverage end date or within 15 days of the date of this notice, whichever date is later, but in no event will an application be accepted beyond 91 days from said coverage end date.

I have read the above questions and answers, and hereby declare that they are complete and true, and I agree that this application shall form a part of any policy issued. I understand that I am eligible to convert an amount not to exceed the amount of coverage in effect on the date my group life insurance ended. I represent that the amount of coverage applied for above does not exceed the amount I am eligible to convert. I further agree that while my application to convert under the terms of the group policy is being reviewed, the Insurance Company may deposit the payment submitted with the application. If I am later determined not to be eligible to convert my group insurance, the sole obligation of the Insurance Company shall be to refund the payment paid.

If any changes or corrections are made by the Insurance Company as noted below, acceptance by the Owner of a policy to which a copy of the modified application is attached will ratify such changes or corrections.

 Insured Signature _____ Date: _____
(Parent or Guardian signature if applicant is under age 18) Month/Day/Year

Please note: Each applicant must complete and sign a separate application for conversion of the group coverage.

Corrections and changes (**Office Use Only**) _____

Send the completed application, a copy of your notification letter (if applicable), the Employer Notice of Right to Convert page and initial payment made payable to **Life Insurance Company of North America (LINA)** to the address shown below. Payments should be made via check or money order, we cannot accept cash.

AmWINS Group Benefits, Inc.
P.O. Box 152501
Irving, TX 75015-2501

or

AmWINS Group Benefits, Inc. (Overnight Address only)
8505 Freeport Parkway South
Suite 500
Irving, TX 75063

Important Information to Policyholder/Employer

1. **Make a copy of this form for your file. This is for your own protection to ensure proper notification has been given.**
2. If the employee is under age 60 and totally disabled, he/she may be eligible for premium waiver under the group policy instead of the conversion policy. Please check your group policy to determine whether or not you have elected Waiver of Premium, determine the eligibility, and process the application accordingly.
3. If the employee has eligible dependents covered by the group policy, an application for each eligible dependent must be completed, signed, dated and submitted for processing. The converted policy is an Individual Whole Life policy, therefore each covered dependent will be issued a separate insurance policy.
4. This form must be completed in its entirety. If any portion is incomplete or incorrect, it could result in delays or rejection of this valuable coverage for the employee and/or his/her dependents.
5. Has an assignment been recorded on any of the coverage? Yes No
 - a. *If an assignment has been recorded for the coverage, you will need to provide notice to the assignee and not the employee.*

IF THE INSURED HAS PREVIOUSLY ASSIGNED OWNERSHIP OF HIS/HER GROUP INSURANCE COVERAGE TO ANOTHER PERSON - COMPLETE THE FOLLOWING INFORMATION AND PROVIDE A COPY OF THE COMPLETED ASSIGNMENT FORMS.

Owner - The Owner is the person who has the right to assign, borrow, surrender, and exercise all other rights contained in the Policy. If no other Owner is designated, the insured shall be the Owner. All correspondence and premium notices will be mailed to the Owner.

Owner Name: _____ Tax I.D./Social Security Number: _____
Street Address: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____

Please sign and date here



Owner's Signature: _____

(Must be signed by Owner if other than employee.)

Date: _____

(Month/Day/Year)



**Application for Portability of Voluntary Term Life Insurance
(Employee, Spouse or Domestic Partner and Child/ren)**

Underwritten by Life Insurance Company of North America, a Cigna Company
(Herein called the Insurance Company)

EMPLOYER USE SECTION: TO BE COMPLETED BY THE EMPLOYER.

Please print (preferably in black ink).

Employer/Policyholder Name: Benton County Group Policy Number: FLX 966797

Name of Employee: _____ Class Number: _____

Date of Hire: _____ Coverage End Date: _____ Employment Termination Date: _____
(Month/Day/Year) (Month/Day/Year) (Month/Day/Year)

Last Day Worked: _____ Salary as of the last day worked: \$ _____ Effective Date of Salary: _____
(Month/Day/Year) (Month/Day/Year)

Reason for loss of Group Insurance: (not all reasons may qualify for portability) Check All that apply.

- Termination of Employment Change to Another Class Retirement
- End of Continuation Provision Temporary Layoff Paid Leave of Absence Unpaid Leave of Absence
- FMLA Sabbatical Disability (STD) Disability (LTD) Other: _____

Reminders:

- 1) If coverage terminates due to group policy cancellation, portability is not an option.
- 2) If an Accelerated Death Benefit (ADB) (example: Terminal Illness) was paid under the group policy for any insured, please enter the full amount of group coverage without the ADB reduction for that applicant.
- 3) If coverage has already been reduced because of age, report both the original amount and the reduced amount as instructed below.

Voluntary Life Coverage Amount Eligible for Portability:

Premium paid through date for Voluntary Life Coverage: _____
(Month/Day/Year)

Employee Coverage Amount \$ _____ Group Coverage Effective Date: _____
(Month/Day/Year)

Has an Accelerated Death Benefit (ADB) been paid on the Employee? Yes No (If Yes, see Reminder #2 above)

Has the Employee coverage been reduced because of age? Yes No If Yes, complete the next line.

Coverage amount (before any age reductions) \$ _____ Coverage amount (after last age reduction) \$ _____

Spouse or Domestic Partner Coverage Amount \$ _____ Group Coverage Effective Date: _____
(Month/Day/Year)

Has an Accelerated Death Benefit (ADB) been paid on the Spouse or Domestic Partner? Yes No (If Yes, see Reminder #2 above)

Has Spouse or Domestic Partner coverage already been reduced because of age? Yes No If Yes, complete the next line.

Coverage amount (before any age reductions) \$ _____ Coverage amount (after last age reduction) \$ _____

Child Coverage Amount \$ _____ Group Coverage Effective Date: _____
(Month/Day/Year)

Verification provided by:

Employer/Policyholder Signature Title Date of Notice: _____
(Month/Day/Year)

Telephone Number: _____ E-Mail Address: _____

Notes to Employer/Policyholder: Be sure to check the group policy for **portability limitations** (i.e. age and/or dependent limitations).

If ownership of coverage has been assigned, the Owner may be other than the employee and you will need to provide notice to the assignee, not to the employee.

If any voluntary life coverage was elected, please include enrollment history (forms and screen prints) for the coverage elected.

Employee Name: _____

Social Security Number: _____

**** THIS FORM IS TO BE COMPLETED BY THE EMPLOYEE.
HOWEVER, IF THE OWNERSHIP OF THE LIFE INSURANCE HAS BEEN ASSIGNED TO A THIRD PARTY,
THE ASSIGNEE MUST COMPLETE THIS FORM. ****

IMPORTANT:

- If you or any of your dependents had to submit medical evidence of good health for any part of the life insurance amount, please provide a copy of the approval letter, and/or any other related documentation that you received regarding the decision rendered.

SECTION A

Please print (preferably in black ink).

EMPLOYEE INFORMATION

Employer's Name: Benton County Group Policy Number: FLX 966797

Employee's Name (First): _____ (Last): _____ (Middle Initial): _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Gender: Male Female Birth date: _____ Social Security Number: _____
(Month/Day/Year)

Day Phone: _____ Evening Phone: _____

1. Last Day Worked: _____ Were you disabled on your coverage end date? Yes No
(Month/Day/Year)

2. Reason for leaving work: _____

3. If you wish to continue your coverage, please check the appropriate box :

Voluntary Coverage

- Continue amount of coverage currently in force
- Decrease the coverage amount to \$ _____
(Units of \$1,000)
- *Increase your coverage to \$ _____
(Units of \$1,000)

*See "Coverage Increases" under the General Information section of this form.

4. Have you applied for: (Check all that apply)

- Conversion to an individual policy Application Date: _____
(Month/Day/Year)
- Waiver of Premium Application Date: _____
(Month/Day/Year)
- Accelerated Death Benefit (ADB) Application Date: _____
(Month/Day/Year)

Note: The portability death benefit amount will be reduced by the amount of coverage paid under the ADB Claim (Example Terminal Illness), however, the portability premiums may be required to be paid on the full amount of coverage in place prior to the reduction.

Employee Name: _____ Social Security Number: _____

SPOUSE OR DOMESTIC PARTNER INFORMATION

Note: If the Employee is applying to continue coverage for a Spouse or Domestic Partner as defined under the term life policy, the Employee must answer questions 1 and 2 below.

Spouse's or Domestic Partner's Name (First): _____ (Last): _____ (Middle Initial): _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Gender: Male Female Birth date: _____ Social Security Number: _____
(Month/Day/Year)

Day Phone: _____ Evening Phone: _____

1. If you wish to continue coverage for your Spouse or Domestic Partner, please check the appropriate box:

Voluntary Coverage

- Continue amount of coverage currently in force
- Decrease the coverage amount to \$ _____
(Units of \$1,000)
- *Increase your coverage to \$ _____
(Units of \$1,000)

**See "Coverage Increases" under the General Information section of this form.*

2. Has your Spouse or Domestic Partner applied for: (Check all that apply)

- Conversion to an individual policy Application Date: _____
(Month/Day/Year)
- Accelerated Death Benefit (ADB) Application Date: _____
(Month/Day/Year)

Note: The portability death benefit amount will be reduced by the amount of coverage paid under the ADB Claim (Example Terminal Illness), however, the portability premiums may be required to be paid on the full amount of coverage in place prior to the reduction.

CHILD/REN INFORMATION

Note: If the Employee is applying to continue coverage for a Dependent Child or Children, the Employee must complete the information below. Please note, you cannot continue child coverage unless each child meets the age and dependency requirements as defined in the group policy.

Do you wish to continue coverage for your dependent child(ren)? **Voluntary Coverage** Yes No

Dependent Child's Name (First): _____ (Last): _____ (Middle Initial): _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Gender: Male Female Birth date: _____ Social Security Number: _____
(Month/Day/Year)

Phone Number: _____

Dependent Child's Name (First): _____ (Last): _____ (Middle Initial): _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Gender: Male Female Birth date: _____ Social Security Number: _____
(Month/Day/Year)

Phone Number: _____

If you have additional children, attach, sign and date a separate sheet of paper using the format above.

Employee Name: _____


Social Security Number: _____

BENEFICIARY INFORMATION

The Employee or the Assignee (if the Employee has Assigned ownership) must specify a beneficiary by completing the section below. When specifying multiple beneficiaries, the insured must indicate the percentage of distribution for each and the total must equal 100%. Any benefits that remain undesignated will be paid in accordance with the applicable provisions of the policy/certificate. If there is not enough room to specify all beneficiaries (e.g. Primary and Contingent beneficiaries), attach, sign and date a separate sheet of paper using the format below:

Beneficiary Name, Address, Phone Number (Employee Coverage)	Percentage Total: 100%	Social Security Number	Date of Birth (Month/Day/Year)	Relationship
	%			
	%			
Beneficiary Name, Address, Phone Number (Spouse or Domestic Partner Coverage)	Percentage Total: 100%	Social Security Number	Date of Birth (Month/Day/Year)	Relationship
	%			
	%			
Beneficiary Name, Address, Phone Number (Children Coverage)	Percentage Total: 100%	Social Security Number	Date of Birth (Month/Day/Year)	Relationship
	%			
	%			

Community Property Laws - If you are married, reside in a community property state (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin), and name someone other than your spouse as beneficiary, it is possible that payment of benefits may be delayed or disputed unless your spouse also signs the beneficiary designation.

 Spouse's Signature: _____ Date: _____
(Month/Day/Year)


SECTION B Complete this section only if the current Owner is other than the Employee.

Owner - The Owner is the person who has the right to assign, surrender, and exercise all other rights contained in the contract. If no other Owner is designated, the Employee shall be the Owner. All correspondence and premium notices will be mailed to the Owner. If you wish to designate someone other than yourself as the owner, an assignment form must be completed.

Owner Name: _____ Tax I.D./Social Security Number: _____
Street Address: _____ Telephone Number: _____
City: _____ State: _____ Zip Code: _____

Please sign and date here

If this form is signed by an agent, such as an attorney-in-fact, conservator or guardian, a copy of the document conferring the power of the agent to sign must accompany this form (e.g., power of attorney, guardianship papers, etc.).

 Owner's Signature: _____ Date: _____
(Month/Day/Year)
(Must be signed by Owner if other than employee.)


Read the Agreements and Authorization section that follows. Sign and date the form in the spaces provided.

***** AGREEMENTS AND AUTHORIZATION *****

To the best of my knowledge and belief all written, telephonic and electronic information I gave is true and complete. The conditions for the requested Insurance to be effective are described in the policy and certificate. The approval of this request by the Insurance Company is one of those conditions.

Please sign and date here

If this form is signed by an agent, such as an attorney-in-fact, conservator or guardian, a copy of the document conferring the power of the agent to sign must accompany this form (e.g., power of attorney, guardianship papers, etc.).

 Employee's Signature: _____ Date: _____
(Month/Day/Year)

Caution: Any person who, knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or (2) conceals for the purpose of misleading, information concerning any material fact thereto, commits a fraudulent insurance act.

Employee Name: _____

Social Security Number: _____

GENERAL INFORMATION

- 1. Eligibility** - Age limitations may exist which will limit your eligibility to continue your coverage. These limitations may be reviewed in your originally issued Certificate. If you do not meet the age requirements to continue your coverage, you can convert this coverage to an individual whole life policy then offered by the Insurance Company.
- 2. Rates** - Please note that rates under the Portability Option may be higher than those you paid previously, and they are subject to change. If you would like an estimated premium before applying for coverage, please call 1-800-423-1282.
- 3. Deadline** - You have 31 days from the coverage end date to exercise the Portability Option. If you were not notified of this right at least 15 days prior to the end of the 31-day period, you will have 15 days from the date notice is given to submit your Portability application to continue coverage. In no event will this period be extended beyond 91 days.
- 4. Effective Date** -The effective date of your continued coverage will be the first day of the month following the coverage end date as reflected in the 'Employer Use Section' of this application or in the letter notifying you of your portability and conversion options, if applicable.
- 5. Billing** - You will be billed on a quarterly basis. After the initial bill, you will receive your bill approximately 30 days in advance of the due date. In order to keep your coverage in force, you must pay your premiums promptly.
- 6. Coverage Increases** - You may be able to increase your coverage in accordance with the terms of the group policy. If coverage increases are allowed under your plan (see your Certificate for details), you must provide satisfactory evidence of good health, and be approved by the Insurance Company. Please indicate in "Section A" of the application if you want to increase your coverage for yourself and/or your Spouse or Domestic Partner; a medical questionnaire form will be mailed to you.
- 7. Coverage Decreases** - The group policy may limit dependent coverage (for your Spouse or Domestic Partner or your Children) to a percentage of the Employee's coverage amount. If you voluntarily elect to decrease your coverage, dependent coverage may also be required to be reduced at the same time if the policy contains this type of limitation (see your Certificate for details).
- 8. Coverage Reductions** - Any age-related reductions in insurance may continue to apply. The Conversion Privilege related to any partial loss of coverage remains subject to the terms of the group policy (see your Certificate for details).
- 9. Coverage Terminations** - Coverage will end as provided in the Portability Option of the group policy. Age-related termination of coverage may apply. When your coverage under the group policy ceases (for reasons other than non-payment of premium), you may be able to convert this coverage within the specified timeframe to an individual whole life policy then offered by the Insurance Company (see your Certificate for details).

Mail your completed and signed form to:

AmWINS Group Benefits Inc., P.O. Box 152501, Irving, TX 75015-2501

For Questions, please call 1-800-423-1282, 8:00 a.m. to 4:30 p.m., CST.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Life Insurance Company of North America and Cigna Life Insurance Company of New York (New York, NY). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Standard LINA