

APPLICATION TO CONVERT GROUP LIFE INSURANCE

This form is to be used only when an eligible employee, who is terminated from employment for any reason, desires to convert their SET Basic Life insurance to an individual policy. As a policy holder of a group life insurance policy, you have the right to convert your current policy into an individual policy without further evidence of insurability. The rate of the converted policy will be based on your attained age and the payable amount of the policy. To convert your policy into an individual policy, this form must be completed in full and submitted to SET, Inc. within 31 days following the effective date of termination of insurance. Section 1 of this form is to be completed by the applicant. Section 2 is to be completed by the employer. Please note that you may not convert your current life insurance policy into term insurance.

A description of your current insurance coverage and to whom the insurance is currently payable can be found on page 3.

SECTION I: TO BE COMPLETED BY APPLICANT

Subject to all conversion terms of my group insurance, I am applying to convert my group insurance policy to an individual plan. The individual plan is based on my request and the facts below.

Reason for Termination:

O OTHER SPECIFY:

- ${\rm O}$ termination of employment of membership in eligible class
- ${\rm O}$ TERMINATION OF GROUP POLICY

O TERMINATION DUE TO DISABILITY DATE OF DISABILITY:/	_/	
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	M / F			
NAME OF APPLICANT (LAST, FIRST, MIDDLE INITIAL)	GENDER	DATE OF BIRTH	INSURED BY GROUP NAME/NO.	
ADDRESS	CITY	STATE	ZIP	
PRESENT OCCUPATION	PHONE NUMBE	R		
NAME OF EMPLOYEE (IF APPLICANT IS A DEPENDENT)	RELATIONSHIP	TO EMPLOYEE EMPLO'	YEE SOCIAL SECURITY NUMBER	
Last Date of Active Work:/ Amount of Group Life Cove	erage://	Annual Premiur	n \$ (see page 2)//	
PRIMARY BENEFICIARY	RELATIONSHIP			
CONTINGENT BENEFICIARY	RELATIONSHIP			

IF BENEFICIARY IS OTHER THAN RELATIVE, GIVE ADDRESS

If the beneficiary on this form is different from your choice on the group policy, this is a change of beneficiary for any claim. This change is for any claim under the Extension of Employee Term Life Insurance during total section of the group policy.

SIGNATURE OF APPLICANT	DATE			
WITNESS	DATE			
SECTION 2: TO BE COMPLETED	D BY EMPLOYER			
Date employee last worked://	Employee on payroll through://	Date grou	p policy term	inated://
NAME OF EMPLOYER FOR GROUP POLICY	GROUP NUMBER	Group Life	e Insurance \$:_	
EMPLOYER'S ADDRESS	CITY	STATE	ZIP	PHONE NUMBER
SIGNATURE OF PERSON AUTHORIZED TO CERTIFY P	FOR GROUP POLICY HOLDER		DATE	

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SECTION 3: ANNUAL PREMIUM PER THOUSAND FOR WHOLE LIFE CONVERSION

ISSUE AGE	GROSS PREMIUM	ISSUE AG	E GROSS PREMIUM	ISSUE AGE	GROSS PREMIUM
I	\$9.32	28	\$24.61	55	\$91.70
2	\$9.58	29	\$25.67	56	\$96.95
3	\$9.88	30	\$26.78	57	\$102.56
4	\$10.18	31	\$27.98	58	\$108.58
5	\$10.51	32	\$29.23	59	\$115.07
6	\$10.87	33	\$30.57	60	\$122.05
7	\$11.65	34	\$31.98	61	\$129.54
8	\$12.09	35	\$33.49	62	\$137.59
9	\$12.55	36	\$35.06	63	\$146.21
10	\$13.03	37	\$36.74	64	\$155.43
П	\$13.52	38	\$38.51	65	\$165.35
12	\$14.04	39	\$40.38	66	\$176.01
13	\$14.55	40	\$42.35	67	\$187.53
14	\$15.07	41	\$44.44	68	\$200.07
15	\$15.57	42	\$46.64	69	\$213.69
16	\$16.09	43	\$48.98	70	\$228.52
17	\$16.61	44	\$51.45	71	\$244.56
18	\$17.15	45	\$54.07	72	\$261.80
19	\$17.70	46	\$56.86	73	\$280.17
20	\$18.29	47	\$59.81	74	\$299.66
21	\$18.89	48	\$62.97	75	\$320.28
22	\$19.56	49	\$66.34	76	\$342.16
23	\$20.30	50	\$69.93	77	\$365.60
24	\$21.02	51	\$73.76	78	\$390.97
25	\$21.83	52	\$77.84	79	\$418.60
26	\$22.70	53	\$82.18	80	\$448.75
27	\$23.62	54	\$86.79		

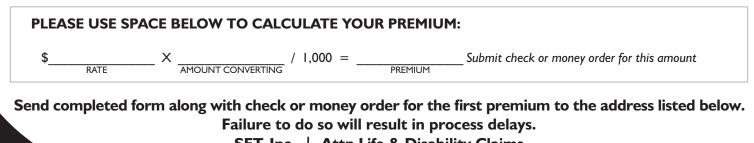
TO CALCULATE YOUR PREMIUM:

I. Find your age and the related rate from the rate table above.

2. Multiply this rate by the number of thousand dollar increments of insurance you plan to convert, then divide by 1,000.

EXAMPLE: Conversion of \$5,000 Group Life for a 45 year old to \$5,000 Whole Life at age 45 Plan.

 $54.07 \times 5,000 / 1,000 = \frac{270.35}{\text{PREMIUM}}$ (annual premium to be submitted)



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