

**RELIANCE STANDARD LIFE INSURANCE COMPANY**

**APPLICATION FOR CONVERSION TO INDIVIDUAL ACCIDENT POLICY**

This form must be completed in full and submitted to Reliance Standard Life Insurance Company within 31 days following date of termination of insurance.

SEND TO: Reliance Standard Life Insurance Company  
Attention: Annuity New Business  
2001 Market Street, Suite 1500  
Philadelphia, Pennsylvania 19103-7090

**VERIFICATION OF INSURED PERSON'S ELIGIBILITY FOR CONVERSION OF GROUP VOLUNTARY ACCIDENT INSURANCE**

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**To be Completed by Policyholder**

Date \_\_\_\_\_

1. Insured Person's full name \_\_\_\_\_  
(Please Print)
2. Insured Dependent Spouse's full name, if applicable \_\_\_\_\_  
(Please Print)  
Insured Dependent Children's full names, if applicable \_\_\_\_\_  
(Please Print)
3. Group Policy No. \_\_\_\_\_
4. Name of Group Policyholder \_\_\_\_\_
5. Federal Employer Identification No. \_\_\_\_\_ Branch or Location \_\_\_\_\_  
(if different from 4)
6. Date of Termination of Insurance \_\_\_\_\_  
Reason \_\_\_\_\_
7. If Employment Termination, Date Person last worked \_\_\_\_\_
8. If (6) & (7) differ, please explain \_\_\_\_\_
9. Amount of Group Insurance in force on this individual under the Group Policy on date of termination of insurance: \$ \_\_\_\_\_
10. Amount of Group Insurance in force on Dependents under the Group Policy on date of termination of insurance, if applicable: Spouse \$ \_\_\_\_\_ Child(ren) \$ \_\_\_\_\_
11. Verified by \_\_\_\_\_

I have reviewed the information set forth, and certify that it is true and correct.  
(Signature and title of authorized individual)

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**APPLICATION FOR CONVERSION  
To Be Completed By Insured**

Application is hereby made for conversion to an individual accident policy. I desire to convert \$ \_\_\_\_\_ of my accident insurance to an individual policy. I desire to convert \$ \_\_\_\_\_ of insurance for my dependent spouse and \$ \_\_\_\_\_ of insurance for my dependent children to an individual policy, if applicable. Enclosed is my check for the annual premium, made out to Reliance Standard Life Insurance Company, in the amount of \$ \_\_\_\_\_.

**GROUP ACCIDENT POLICY CONVERSION RATES**  
**ALL RATES ARE ANNUAL PER \$1,000.00 OF COVERAGE**

<u>Age</u>	<u>Rate</u>
0-39	\$1.30
40-49	\$1.45
50-59	\$1.65
60-64	\$2.25
65-69	\$3.00
70 +	\$6.00

RATING EXAMPLE: If a 52 year old insured wishes to convert \$50,000.00 of coverage, the annual cost would be \$82.50 (\$1.65 X 50). NOTE: Conversion rates for your spouse and each dependent should be calculated separately based on their amount of insurance, if applicable.

Beneficiary Designation

<u>Name</u>	<u>Relationship</u>	<u>Social Security Number</u>	<u>% of Proceeds</u>
Primary:	_____		
	(please print)		
Contingent:	_____		
	(please print)		

I have read the statements set forth and certify that they are accurate and complete. I understand that this insurance will be issued in reliance upon such statements.

Address \_\_\_\_\_  
(Street) (City, State, Zip)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Insured Dependent Spouse's: date of birth and Social Security Number, if applicable:

\_\_\_\_\_

Insured Dependent Children's Names, Dates of Birth and Social Security Numbers, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Proposed Insured's Signature

\_\_\_\_\_  
Date Signed