

Important Information for Owners of Group Life Insurance Certificates

We are happy to inform you that under your Standard Insurance Company Group Life Insurance coverage, you and your insured dependents are offered the benefit of obtaining an individual life insurance policy. In order to take advantage of this opportunity, we must receive your application and premium payment within 31 days of the date of employment termination or cessation of group life insurance coverage. This option to convert may be very valuable to you, as evidence of insurability will not be required. If you wish to take advantage of the privilege of converting your insurance, please complete and return this form to the address above. We will mail the necessary forms and information to you.

Note: If your employment is terminating because of a sickness, or if injury prevents you from working at any occupation and you are less than 60 years of age, please indicate by checking here.

Member Information

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|--|--|-------|-----|
| Member's Name | Today's Date | | |
| Member's Address | City | State | Zip |
| Phone () | Member's Agency Name and Work Location | | |
| If you had Dependents coverage, please indicate the additional applications you will need. <input type="checkbox"/> Spouse/Domestic Partner <input type="checkbox"/> Child – No. of children: _____ | | | |
| Group Name and Policy No. State of Nevada – 642682 | Termination Date of Insurance | | |