

Dear Insured:

Thank you for asking for more information about converting your group term life insurance to personal, permanent insurance coverage. The individual life insurance plan you may use for this conversion is our Whole Life Insurance policy.

If you are terminating employment due to sickness or injury, please contact your employer to determine eligibility for disability or Waiver of Premium benefits before completing this application for conversion.

If you convert your group insurance coverage to this policy, you'll have continued protection with premiums payable to age 100. Standard may also pay you dividends. This policy will allow you to obtain a loan any time there is sufficient loan value. The interest on the loan will accrue daily at a rate of 8 percent.

The amount of insurance you may convert depends on the reason for the cessation of your group insurance coverage. If your group life insurance coverage ended for any reason other than your failure to make a required premium contribution or the termination of the group policy, the maximum amount you can convert is the amount of your life insurance which ended. Generally, the minimum is \$2,000 unless your group insurance was less than \$2,000. If it was, you must convert the entire amount. If your life insurance ended because of the termination or amendment of the group policy, or if your insurance has been reduced, then the amount you can convert may be different. Please refer to your Certificate of Insurance or contact Standard for a full description regarding the amount you may be entitled to convert.

To calculate your premium payments, use the Schedule of Whole Life Rates attached to this letter and use the attached worksheet.

To complete the conversion, please return the enclosed application form and your check for the first premium payment within 60 days of the termination of your group insurance. Your application to convert your insurance may not be valid if received in our office after this 60-day period. If you had group life insurance on your dependents and want to convert their coverage, also, please contact us for additional applications. Your former employer or group policyowner must also complete and send the Employer's Certification to us.

Checks are to be made payable to The Standard. Your check will be deposited into a conditional receipts account while your application is being processed. This does not constitute approval of your application or waiver of the policy's eligibility requirements. If we determine that you are not eligible for coverage, all premiums received will be refunded.

If you have any questions about the application or other conversion options, our office is available to assist you. We look forward to continuing to provide you with life insurance protection. You can reach us at (800) 378-4668 ext. 6785.

**SCHEDULE OF WHOLE LIFE RATES  
ANNUAL PREMIUM PER \$1,000**

<b>FACE AMOUNTS 0 TO 14,999</b>					
Age	Rate per 1,000	Age	Rate per 1,000	Age	Rate per 1,000
0	6.57	29	13.56	58	46.34
1	6.66	30	14.03	59	48.73
2	6.79	31	14.53	60	51.27
3	6.92	32	15.06	61	53.99
4	7.05	33	15.62	62	56.88
5	7.20	34	16.21	63	59.95
6	7.36	35	16.84	64	63.20
7	7.52	36	17.50	65	66.64
8	7.70	37	18.20	66	70.31
9	7.89	38	18.94	67	74.22
10	8.09	39	19.72	68	78.44
11	8.29	40	20.54	69	82.99
12	8.51	41	21.40	70	87.91
13	8.73	42	22.30	71	93.22
14	8.96	43	23.25	72	98.93
15	9.18	44	24.25	73	105.01
16	9.40	45	25.30	74	111.47
17	9.63	46	26.44	75	118.31
18	9.87	47	27.64	76	125.51
19	10.12	48	28.90	77	133.21
20	10.39	49	30.25	78	141.52
21	10.66	50	31.67	79	150.56
22	10.95	51	33.16	80	160.43
23	11.26	52	34.75	81	171.20
24	11.59	53	36.42	82	182.89
25	11.94	54	38.18	83	195.50
26	12.31	55	40.05	84	208.92
27	12.70	56	42.02	85	223.41
28	13.12	57	44.12		

<b>FACE AMOUNTS 15,000 TO 99,999</b>					
0	4.30	29	11.29	58	44.07
1	4.39	30	11.76	59	46.46
2	4.52	31	12.26	60	49.00
3	4.65	32	12.79	61	51.72
4	4.78	33	13.35	62	54.61
5	4.93	34	13.94	63	57.68
6	5.09	35	14.57	64	60.93
7	5.25	36	15.23	65	64.37
8	5.43	37	15.93	66	68.04
9	5.62	38	16.67	67	71.95
10	5.82	39	17.45	68	76.17
11	6.02	40	18.27	69	80.72
12	6.24	41	19.13	70	85.64
13	6.46	42	20.03	71	90.95
14	6.69	43	20.98	72	96.66
15	6.91	44	21.98	73	102.74
16	7.13	45	23.03	74	109.20
17	7.36	46	24.17	75	116.04
18	7.60	47	25.37	76	123.24
19	7.85	48	26.63	77	130.94
20	8.12	49	27.98	78	139.25
21	8.39	50	29.40	79	148.29
22	8.68	51	30.89	80	158.16
23	8.99	52	32.48	81	168.93
24	9.32	53	34.15	82	180.62
25	9.67	54	35.91	83	193.23
26	10.04	55	37.78	84	206.65
27	10.43	56	39.75	85	221.14
28	10.85	57	41.85		

**SCHEDULE OF WHOLE LIFE RATES  
ANNUAL PREMIUM PER \$1,000\***

<b>FACE AMOUNTS 100,000 TO 249,999</b>					
Age	Rate per 1,000	Age	Rate per 1,000	Age	Rate per 1,000
0	3.55	29	10.61	58	43.36
1	3.64	30	11.09	59	45.73
2	3.77	31	11.59	60	48.27
3	3.90	32	12.13	61	50.97
4	4.03	33	12.70	62	53.85
5	4.18	34	13.29	63	56.90
6	4.34	35	13.93	64	60.15
7	4.50	36	14.60	65	63.57
8	4.68	37	15.31	66	67.21
9	4.87	38	16.06	67	71.10
10	5.07	39	16.85	68	75.29
11	5.27	40	17.67	69	79.81
12	5.49	41	18.53	70	84.70
13	5.71	42	19.44	71	89.98
14	5.94	43	20.40	72	95.66
15	6.16	44	21.41	73	101.70
16	6.39	45	22.47	74	108.13
17	6.62	46	23.59	75	114.94
18	6.87	47	24.78	76	122.14
19	7.12	48	26.04	77	129.84
20	7.39	49	27.37	78	138.15
21	7.66	50	28.78	79	147.19
22	7.95	51	30.26	80	157.06
23	8.27	52	31.83	81	167.83
24	8.60	53	33.50	82	179.52
25	8.96	54	35.25	83	192.13
26	9.34	55	37.10	84	205.55
27	9.73	56	39.06	85	220.04
28	10.16	57	41.15		

<b>FACE AMOUNTS 250,000 AND ABOVE</b>					
0	3.35	29	10.43	58	43.18
1	3.44	30	10.91	59	45.55
2	3.57	31	11.42	60	48.08
3	3.70	32	11.96	61	50.78
4	3.83	33	12.53	62	53.66
5	3.98	34	13.13	63	56.71
6	4.14	35	13.77	64	59.95
7	4.30	36	14.44	65	63.37
8	4.48	37	15.15	66	67.00
9	4.67	38	15.90	67	70.88
10	4.87	39	16.69	68	75.06
11	5.07	40	17.51	69	79.57
12	5.29	41	18.38	70	84.45
13	5.51	42	19.29	71	89.72
14	5.74	43	20.25	72	95.39
15	5.96	44	21.26	73	101.43
16	6.19	45	22.32	74	107.85
17	6.42	46	23.44	75	114.65
18	6.67	47	24.63	76	121.85
19	6.92	48	25.88	77	129.55
20	7.19	49	27.21	78	137.86
21	7.47	50	28.62	79	146.90
22	7.76	51	30.10	80	156.77
23	8.08	52	31.67	81	167.54
24	8.41	53	33.33	82	179.23
25	8.77	54	35.08	83	191.84
26	9.15	55	36.93	84	205.26
27	9.55	56	38.89	85	219.75
28	9.98	57	40.97		

\*These premium rates are not guaranteed and are subject to change by Standard Insurance.

## WORKSHEET FOR CALCULATING YOUR PREMIUM

1. Determine the amount of insurance you want to covert.
2. Determine whether you want to pay your Whole Life premium annually, semi-annually, quarterly or monthly. The less frequently you pay premium, the lower the rate is.
3. Find your rate on the chart on the following page. The rate is based on the face amount of your policy and your age. **(Please note: If your next birthday is less than 6 months away, add one year to your current age.)** Age \_\_\_\_\_
4. Calculate your premium:
  - a) The number of thousand dollar units of coverage you want (Example: \$50,000 is 50 thousand dollar units): \_\_\_\_\_
  - b) Rate. Using age listed in question 3 please find the rate per 1,000 on the appropriate chart X \_\_\_\_\_
  - c) Multiply a times b = \_\_\_\_\_
  - d) Add \$40.00 policy fee. + **\$40.00**
  - e) This is your annual premium due. = \_\_\_\_\_
  - f) If not paying annually; multiply by pay factor.
    - 1.) semiannually .516
    - 2.) quarterly .265
    - 3.) monthly .094
 X \_\_\_\_\_
  - g) This is premium amount due for each pay frequency you selected. = \_\_\_\_\_

### EXAMPLE

1. A 40-year-old person wishes to convert the amount of his/her group coverage, \$50,000.
2. The person wants to pay premiums monthly.
3. The annual premium rate for a 40-year-old is \$18.27 for each \$1,000 of coverage.
4. Premium calculation:
  - a) 50
  - b) \$18.27
  - c) \$913.50 (\$18.27 x 50)
  - d) \$40 annual policy fee
  - e) \$953.50 (total annual premium)
  - f) x .094 (monthly pay factor)
  - g) \$89.63 due each month

## GROUP CONVERSION – INSTRUCTIONS

Be sure to complete all blanks (except for Federal group insurance conversions, for which date of termination of employment is omitted). It is important to use full given name of insured (not initials) and to show the date of birth accurately. If you make any changes on the application, please initial and date the change.

1. Check box to indicate who is converting: **Member, Spouse, or Dependent Child.**
2. **Name of group.** Please show complete name of Company, Union, Association, Government Unit, etc. Example: John Doe Manufacturing Co.
3. **Amount of coverage requested.** This amount is to be determined as follows:
  - a. It may not exceed the face value of your Group Life Insurance on the date of termination.
  - b. If your group life amount is \$2,000 or more, you may convert less than the group amount but not less than \$2,000.
  - c. If your group life amount is less than \$2,000, you must convert the full face amount of your group life coverage.
  - d. If your Group Life Insurance contract includes portability, and you choose to continue a portion of your insurance under this provision, you are eligible to convert only the balance of your Group Life Coverage.
4. **Premium Payable.** You must include your first premium with your application to be considered. If you are paying monthly please remit 2 months worth.
5. **Automatic Premium Loan Provision.** The automatic premium loan provision is designed to prevent lapse of your policy in case your premium is paid after the end of the grace period. As long as you have sufficient policy value, an automatic policy loan would be made to pay any premium which has not been paid on time. You would be notified of the loan and it may be repaid within 31 days without interest. The interest rate is shown in your policy.
6. **Dividend Selection.** Dividends may be used in any of four ways, except that under policies with monthly premiums, dividends may not be used to reduce premiums. If the selection is "Paid-up Additions", then dividends are used to purchase additional, paid-up insurance at net rates.

CASH:	Take in Cash.
PAID-UP ADDITIONS:	Used to buy participating paid-up additional insurance. It would have the same provisions as the original policy.
REDUCED PREMIUMS: (Except Monthly)	Applied toward the payment of premiums for the next policy year
LEAVE AT INTEREST:	Left with the Company to accumulate at interest, compounded and credited annually, at such rate as the Company shall declare. A Form W-9 must be submitted if you select this option. You may obtain a form W-9 from the IRS or our office.

7. **Full Name of Beneficiary.** The beneficiary is the person named to receive the death benefit. Unless otherwise requested, any amount payable at the death of the Insured is paid in equal shares to the Primary Beneficiaries, if living, or if none are living, in equal shares to the then surviving Contingent Beneficiaries of highest rank; if no beneficiary is then living, to the executors, administrators or assigns of the insured. Be sure to show the given name for a married woman (Jane L. Doe, not Mrs. John L. Doe).
8. **Signature.** Please sign the form at the bottom. Include your address and have another person sign (bottom left) as a witness to your signature. If application is on the life of a dependent child, the signature of the child's parent is required. If a guardian has been named, the guardian must sign; a copy of the Letters of Guardianship should accompany the application.
9. **Please complete.** Taxpayer Identification Number (TIN) Certification on the back of the conversion application.

This application must be completed and signed by the person to be insured.

<b>IDENTIFICATION</b>	Name of proposed insured: _____ (first) (middle) (last)
	Address: _____ (street address)
	_____ (city) (state) (zip code)
	Telephone: _____ Birthdate: _____
Proposed Insured is: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent Child Sex: <input type="checkbox"/> M <input type="checkbox"/> F	

<b>GROUP POLICY</b>	Name of Group Policyowner: <u>County of Riverside</u>
	Group Policy No: <u>641685</u> Amount of Group Life Insurance on termination date: \$ _____
	Member's employment and/or membership terminated on: _____ (date)

<b>DISABILITY</b>	Are you currently unable to work because of sickness or injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please contact your employer to determine eligibility for disability or waiver of premium benefits.
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<b>CONVERSION</b>	Amount of Insurance Coverage requested \$ _____
	Premium payable: <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
	Automatic premium loan provision: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Dividend selection (you <u>must</u> choose one): <input type="checkbox"/> Cash <input type="checkbox"/> Paid-up additions <input type="checkbox"/> Reduce premiums (except monthly) <input type="checkbox"/> Leave at interest (a Form W-9 must be completed)
Amount paid with this application: \$ _____	

<b>BENEFICIARY</b>	Primary beneficiary: _____ Relationship _____
	Address _____
	Contingent beneficiary: _____ Relationship _____
	Address _____
* If the policyowner is a minor, the beneficiary must be the minor's estate.	

<b>AGREEMENT</b>	Application is hereby made to STANDARD INSURANCE COMPANY of Portland, Oregon, to convert my group coverage to an individual life insurance policy as requested above. I agree that all requests shall be subject to the provisions and conditions of the policy and to the company's usual procedures governing any action taken based on this application.	
	Dated _____	Signature of Insured _____
	Signature of Witness _____	Parent's or Guardian's signature if dependent child _____
	Note: Beneficiary cannot witness Signature for amount over \$4,000.00.	

**Please complete back of form.**

**ALL APPLICATIONS**  
**Taxpayer Identification Number (TIN) Certification**

(APPLICANT **MUST SIGN AND DATE BELOW, AND GIVE TIN, ON ALL APPLICATIONS.**)

We are required by law to obtain the following information. Please fill in the owner's social security number (or other TIN). Draw a line through no. 2 only if it is not correct.

**Certification.** – Under penalties of perjury, I certify that:

1. The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding either because: I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or the IRS has notified me that I am no longer subject to backup withholding.

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DATE

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OWNER'S SOC. SEC. OR TIN NUMBER

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APPLICANT/OWNER'S SIGNATURE

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Home Office Only – Item(s) no. \_\_\_\_\_ changed to:

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Please complete the entire form

**TO BE COMPLETED BY FORMER EMPLOYER**

Member's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Group Policyowner County of Riverside Policy Number 641685

Date of Membership/Hire \_\_\_\_/\_\_\_\_/\_\_\_\_ Effective Date of Insurance \_\_\_\_/\_\_\_\_/\_\_\_\_

Member's Termination Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount of Group Life Insurance on Termination Date (list amount of each coverage separately):

Basic Insurance \$ \_\_\_\_\_ Additional Insurance \$ \_\_\_\_\_

Supplemental \$ \_\_\_\_\_ Other (specify) \$ \_\_\_\_\_

Did this member have Dependent Coverage?  Yes  No

Please Indicate the Amount of Dependent Coverage: Spouse \$ \_\_\_\_\_ Child \$ \_\_\_\_\_

Member's Insurance Class, as Defined by the Policy \_\_\_\_\_

Reason for Termination \_\_\_\_\_

Monthly Salary on Termination Date \$ \_\_\_\_\_ per month

Effective Date of last salary change \_\_\_\_/\_\_\_\_/\_\_\_\_

Was a Summary Plan Description or Certificate of Insurance Delivered to the Member?  Yes  No

PLEASE ATTACH COPIES OF ALL APPLICABLE ENROLLMENT FORMS.  
Note: If enrollment forms are not provided, it may prevent approval of application.

I hereby certify that \_\_\_\_\_ was an insured Member under the  
above Group Policy and was insured for the coverage amounts noted above.

\_\_\_\_\_  
Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Title

(\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, and Zip