



# The Standard<sup>SM</sup>

The Standard Life Insurance Company of New York  
800.378.2409 ext 6785  
920 SW Sixth Avenue Portland OR 97204-1203

## Group Conversion Packet

---

Thank you for asking for more information about converting your group term life insurance to individual coverage. There are three individual policies you may choose from: whole life insurance, one year term insurance, and term insurance to age 65.

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 an individual whole life insurance policy, you'll have continued protection with premiums payable to age 100. This policy will accumulate cash value, and will allow you to borrow against the cash value if sufficient. Interest on the policy loan will accrue daily and will be at a variable rate determined by us each year (subject to policy terms and applicable New York law).

If you convert your group insurance coverage to an individual To Age 65 Term policy, you will have term coverage that is renewable each year to your age 65. The policy ends at that time. Premiums increase each year. The policy has no cash value. You may convert the policy at any time it is in force to the above individual whole life insurance policy.

If you convert your group insurance coverage to an individual One Year Term policy, you will have one year of term insurance coverage. The policy ends at the end of the one year period and is not renewable. It has no cash value. You may convert the policy at any time it is in force to the above To Age 65 Term policy or the above individual Whole Life insurance policy.

Please refer to your Certificate of Insurance or contact The Standard Life Insurance Company of New York for a full description regarding the amount you may be entitled to convert.

To calculate your premium payments, use the applicable Schedule of 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 31 days after the termination of your group insurance. Your application to convert your insurance may not be valid if received in our office after this 31 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 policyholder must also complete the Employer's Certification and send it to us. This application will be attached to and made part of the policy.

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.

The Standard Life Insurance Company of New York

800.378.2409 ext 6785

920 SW Sixth Avenue Portland OR 97204-1203

Schedule of Whole Life Rates

ANNUAL PREMIUM PER \$1,000\*

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

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

\*Add \$40.00 annual policy fee to final premium. These premium rates are not guaranteed and are subject to change by The Standard Life Insurance Company of New York.

The Standard Life Insurance Company of New York

800.378.2409 ext 6785

920 SW Sixth Avenue Portland OR 97204-1203

Schedule of Whole Life Rates (Cont.)

ANNUAL PREMIUM PER \$1,000\*

FACE AMOUNTS 100,000 TO 249,999							
Age	Rate per 1,000	Age	Rate per 1,000	Age	Rate per 1,000	Age	Rate per 1,000
0	3.55	22	7.95	44	21.41	66	67.21
1	3.64	23	8.27	45	22.47	67	71.10
2	3.77	24	8.60	46	23.59	68	75.29
3	3.90	25	8.96	47	24.78	69	79.81
4	4.03	26	9.34	48	26.04	70	84.70
5	4.18	27	9.73	49	27.37	71	89.98
6	4.34	28	10.16	50	28.78	72	95.66
7	4.50	29	10.61	51	30.26	73	101.70
8	4.68	30	11.09	52	31.83	74	108.13
9	4.87	31	11.59	53	33.50	75	114.94
10	5.07	32	12.13	54	35.25	76	122.14
11	5.27	33	12.70	55	37.10	77	129.84
12	5.49	34	13.29	56	39.06	78	138.15
13	5.71	35	13.93	57	41.15	79	147.19
14	5.94	36	14.60	58	43.36	80	157.06
15	6.16	37	15.31	59	45.73	81	167.83
16	6.39	38	16.06	60	48.27	82	179.52
17	6.62	39	16.85	61	50.97	83	192.13
18	6.87	40	17.67	62	53.85	84	205.55
19	7.12	41	18.53	63	56.90	85	220.04
20	7.39	42	19.44	64	60.15		
21	7.68	43	20.40	65	63.57		

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

\*Add \$40.00 annual policy fee to final premium. These premium rates are not guaranteed and are subject to change by The Standard Life Insurance Company of New York.

The Standard Life Insurance Company of New York

800.378.2409 ext 6785

920 SW Sixth Avenue Portland OR 97204-1203

**Schedule of Term Life Rates**

ANNUAL PREMIUM RATES PER \$1,000\*

Age	Rate per 1,000	Age	Rate per 1,000	Age	Rate per 1,000	Age	Rate per 1,000
0	3.67	22	1.57	44	3.84	66	22.84
1	0.99	23	1.56	45	4.15	67	24.90
2	0.92	24	1.55	46	4.47	68	27.03
3	0.90	25	1.53	47	4.81	69	29.33
4	0.88	26	1.52	48	5.17	70	31.91
5	0.84	27	1.52	49	5.58	71	34.89
6	0.81	28	1.52	50	6.01	72	38.39
7	0.77	29	1.55	51	6.50	73	42.48
8	0.74	30	1.58	52	7.05	74	47.10
9	0.72	31	1.63	53	7.68	75	52.17
10	0.71	32	1.68	54	8.37	76	57.57
11	0.74	33	1.75	55	9.10	77	63.24
12	0.80	34	1.83	56	9.88	78	69.13
13	0.90	35	1.93	57	10.68	79	75.41
14	1.01	36	2.05	58	11.51	80	82.35
15	1.14	37	2.20	59	12.39	81	90.17
16	1.27	38	2.36	60	13.37	82	99.12
17	1.38	39	2.56	61	14.49	83	109.33
18	1.46	40	2.78	62	15.79	84	120.58
19	1.53	41	3.03	63	17.31	85	132.68
20	1.56	42	3.28	64	19.01		
21	1.58	43	3.56	65	20.87		

\*Add \$40.00 annual policy fee to final premium. These premium rates are not guaranteed and are subject to change by The Standard Life Insurance Company of New York.

This schedule applies to both the One Year Term Policy and the To Age 65 Policy.

# The Standard Life Insurance Company of New York

800.378.2409 ext 6785  
920 SW Sixth Avenue Portland OR 97204-1203

## Worksheet for Calculating Your Premium

1. Determine the amount of insurance you want to convert and select the type of policy.
2. Determine whether you want to pay your premium annually, semi-annually, quarterly or monthly. The less frequently you pay premium, the lower the rate will be.
3. Find your rate from the chart(s) on the preceding page(s). The rate is based on the requested 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 no. 3 above, find the rate per \$1,000 on the appropriate chart. **x** \_\_\_\_\_
  - c) Multiply (a) times (b). **=** \_\_\_\_\_
  - d) Add \$40.00 annual policy fee. **+**     **\$40.00**
  - e) This is your annual premium due. **=** \_\_\_\_\_
  - f) If not paying annually, multiply the annual premium by the applicable pay factor below:
    1. semi-annually .516
    2. quarterly .265
    3. monthly .094(Monthly is NOT available for One Year Term or To Age 65 Term.) **x** \_\_\_\_\_
  - g) This is the premium amount due for the pay frequency you selected. **=** \_\_\_\_\_  
(Pay factor in (f) times annual premium.)

### EXAMPLE

1. A 40 year old group insured is converting \$50,000 of his/her group coverage to an individual whole life policy of \$50,000.
2. The group insured 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 (see no. 4 above):
  - a) 50 units ( $50,000 \div 1,000$ )
  - b) \$18.27 (use age of 40 and find rate on the Whole Life Policy chart)
  - c) \$913.50 ( $\$18.27 \times 50$ )
  - d) Add \$40 annual policy fee
  - e) \$953.50 (total annual premium) ( $\$913.50 + \$40$ )
  - f) x .094 (monthly pay factor)
  - g) \$89.62 due each month ( $\$953.50 \times .094$ )

Please 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 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 Company.
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 insurance coverage includes a portability option, and you choose to continue a portion of your insurance under that 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. If you are paying monthly, please include two months of premium with your application.
5. **Automatic Premium Loan Provision.** The provision is available only with a whole life policy. The provision is designed to prevent lapse of your policy in case your premium is not paid by the end of the grace period. As long as the policy has sufficient cash value, an automatic policy loan will be made to pay any premium which has not been paid on time. You will be notified of the loan. It may be repaid within 31 days without interest. The interest rate will be shown in your policy.
6. **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 is living, in equal shares to the then surviving Contingent Beneficiaries of highest rank. If no beneficiary is then living, payment is made to the owner or the owner's estate. Please show the full given name for a married woman (Jane L. Doe, not Mrs. John L. Doe).
7. **Signature.** Please sign the form at the bottom. Include your address. If the application is for a dependent child under age 18, the signature of the child's parent is required. If a guardian has been named, the guardian must sign and a copy of the Letters of Guardianship should accompany the application.
8. **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. Please print all responses.*

**IDENTIFICATION**

Name of Proposed Insured: <i>(first, middle, last)</i>		
Street Address:		
City:	State:	Zip Code:
Telephone:	Birthdate:	
Proposed Insured is: <input type="checkbox"/> Group Member <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
FOR MINOR INSURED: Give total amount of all other life insurance currently in force on this minor insured: \$		

**GROUP POLICY**

Name of Group Policyowner:	Group Policy No.:
Amount of Group Life Insurance on termination date: \$	
Member's employment and/or membership terminated on: <i>(month, day, year)</i>	

**DISABILITY**

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.
---

**CONVERSION**

Amount of individual coverage requested: \$ _____ Type of policy: <i>(check one)</i> <input type="checkbox"/> Whole Life <input type="checkbox"/> One Year Term <input type="checkbox"/> To Age 65 Term If whole life is selected, do you want automatic premium loan provision? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(This is not applicable to the term policies.)</i> Premium shall be payable: <i>(check one)</i> <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <i>(Not available with term.)</i> Amount paid with this application: \$ _____ <i>(Follow instructions in this packet for determining premium amount. Your check must be payable to The Standard Life Insurance Company of New York.)</i>
---

**BENEFICIARY\***

Primary Beneficiary:	Relationship:
Address:	
Contingent Beneficiary:	Relationship:
Address:	
* If the insured is a minor, the beneficiary must be the minor's estate.	

**OWNER**

OWNER: The owner of the new policy will be the insured if age 18 or older on the date this application is signed, UNLESS a different owner is named here:	
Owner <i>(if other than insured) (must be 18):</i>	Address:
<i>(If the insured is under age 18, the owner must be the child's parent or guardian.)</i>	

This application will be attached to and made part of the policy.

Please complete back of form.

**AGREEMENT**

Application is made to The Standard Life Insurance Company of New York, to convert my group coverage to an individual life insurance policy as requested above. I understand that all requests shall be subject to the provisions and conditions of the individual policy and to the company's usual procedures governing any action taken based on this application.	
Dated:	Signature of Insured:
Signature of Owner: <i>(if different from insured)</i>	Parent's or Guardian's Signature: <i>(if insured is dependent child)</i>

**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.

Date:	Owner's Soc. Sec. or TIN Number:	Applicant/Owner's Signature:
-------	----------------------------------	------------------------------

---

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

---

This application will be attached to and made part of the policy.

The Standard Life Insurance Company of New York

800.378.2409 ext 6785  
 920 SW Sixth Avenue Portland OR 97204-1203

**Employer's Certification for Conversion  
 of Group Life Insurance**

*To Insured: Please give this form to your employer to complete.  
 To Employer: Please complete the entire form. Please print or type.*

**TO BE COMPLETED BY FORMER EMPLOYER**

Member's Name:		Social Security Number:
Group Policyowner:		Policy Number:
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		

*Please attach original enrollment/beneficiary card. This is required.*

I hereby certify that _____ was an insured Member under the above Group Policy and was insured for the coverage amounts noted above.		
Signature:	Date:	
Name ( <i>print</i> ) and Title:	Telephone Number: (       )	
Street Address:		
City:	State:	Zip Code: