Notice of Conversion Privilege

ADVANCE Insurance Company of Kansas SM

This is not an application – it is a request for information only.
Returning this form is not an obligation to continue coverage.

CLEAR DATA

Subscriber ID

715
Group Number

Wichita State University
Name of Employer (the group policyholder)

Please read this notice.

This group life insurance program under which you (and your insured dependents, if applicable) have been insured contains an important conversion privilege. The conversion privilege entitles you (and your insured dependents, if applicable) to apply for and purchase an individual whole life insurance policy without evidence of insurability when:

1) your active employment terminates;
2) the amount of group life insurance decreases due to a change in classification;
3) the amount of group life insurance reduces or terminates due to age; or
4) the number of hours you work each week drops below the minimum required to be eligible for your group's life insurance plan.

provided the application and payment of the first premium is made to us within 31 days after the group life insurance terminates.

In order to receive an application and premium information, the following information must be completed and returned to Advance Insurance Company of Kansas (AICK). The premium for the individual whole life insurance policy is based on your age nearest the issue date of the policy.

Section 1 – Insured Information

First Name _____ MI _____ Gender ☐ Male ☐ Female Date of Birth _____

Last Name _____ Suffix _____ Social Security Number _____

Mailing Address _____ Home Phone Number _____ Cell Phone Number _____

City _____ Work Phone Number _____

State _____ ZIP Code _____ +4 _____

Section 2 – Conversion Coverage

Amount of life insurance at termination:

$ _____

The amount of group life insurance being converted may not be more than you were entitled to under the group life plan but may be any lesser amount (in increments of $1,000) that you choose instead.

Reason for termination: ☐ Disability* ☐ Retirement ☐ Other _____

What date did you last physically report to your job at the usual place of employment and perform all normal duties of your job? And your official termination date?

Date last reported to work _____ Termination Date _____

* If termination of the group life insurance coverage is due to disability, you may want to inquire about the Waiver of Premium benefit. For more information, please call our office.

Section 3 – Authorization

Your signature required

Signature of Insured _____ Date Signed _____

Print Name _____

Advance Insurance Company of Kansas – 1133 SW Topeka Blvd. • Topeka, KS 66629-0001 • Phone: (800) 530-5989 • Fax (785) 290-0727