



The Guardian Life Insurance  
Company of America  
PO Box 8012  
Appleton WI 54912-8012

## Notice of Life Insurance Conversion Privilege and Request for Application

**NOTE TO THE PLANHOLDER:** Please complete all the information requested, then send the original to the individual whose insurance is terminating and attach a copy to either the employee's enrollment form or record file. Be sure to sign this form where indicated.

**Please TYPE or PRINT Clearly:**

NAME OF EMPLOYER		GROUP PLAN #	DATE
ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)			
NAME OF EMPLOYEE		LIFE INSURANCE AMT. \$	SOCIAL SECURITY # BIRTH DATE
NAME OF INSURED	LIFE INSURANCE AMT. \$	RELATIONSHIP TO EMPLOYEE	SOCIAL SECURITY # BIRTH DATE
ADDRESS OF INSURED (STREET, CITY, STATE, ZIP)		COUNTY	EFF. DATE OF COVERAGE

**EMPLOYEE TERMINATION**

As your employment terminated on (Date) \_\_\_\_\_, your Group Insurance has been discontinued. Under the conversion privilege contained in the Group Plan and described in your certificate booklet, you may convert your Group Life Insurance to an individual policy covering you and your qualified dependents.

**DEPENDENTS NO LONGER ELIGIBLE FOR GROUP COVERAGE**

As your coverage under the Group Plan terminated on (Date) \_\_\_\_\_, conversion may be made to an individual policy under the following conditions:

- A. an unmarried child upon attainment of the limiting age to cover himself or herself
- B. a spouse upon death of insured employee to cover such spouse and dependent children
- C. a spouse upon legal divorce or separation from insured employee to cover such spouse and the dependent children
- D. employee termination of coverage

**NOTE TO THE INSURED:** To apply for a conversion, review this form to be sure it is complete, sign and date the form in the space indicated below and then return it to The Guardian Life Insurance Company of America.

**APPLICATION FOR CONVERSION MUST BE MADE WITHIN 31 DAYS FROM THE DATE YOUR INSURANCE TERMINATED UNLESS YOUR PLAN SPECIFIES A DIFFERENT TIME FRAME. PLEASE REVIEW THE CONVERSION PROVISIONS IN YOUR CERTIFICATE BOOKLET.**

SIGNATURE OF PLANHOLDER	TITLE	DATE
SIGNATURE OF INSURED		DATE