BlueCross BlueShield of New Mexico

Application to Convert Group Life Insurance

Mail to Dearborn Life Insurance Company at:
701 E. 22nd Street
Lombard, IL 60148

Phone Number: (877) 723-5697

Instructions for Use

The application to convert group life insurance is to be utilized when you become ineligible for group insurance. An example of this would be termination of employment. The application is used to convert your Group Life Insurance coverage to an Individual Whole Life Insurance policy. This can be done regardless of your current health. For information about the amount you may convert or how long you have to convert, see either your certificate or group policy. The application must be filled out by both your employer and yourself.

Part 1 - To be filled out by the Employer

- Ensure the Amount of insurance is filled out for each applicable product (Basic Life, Supplemental Life, Voluntary Life, etc) eligible for conversion.
- Specify clearly the reason for termination.
- If an error is made, you may strike the error, but you must initial the change.

Part 2 - To be filled out by the Insured/Applicant

- If electing Electronic Funds Transfer (EFT) please ensure that you sign the authorization on the second page of the application and attach a voided check.
- If an error is made, you may strike the error, but you must initial the change.
- If applicant is under the age of 20, please contact customer service for applicable rate.

Dearborn Life Insurance Company

Application to Convert Group Life Insurance

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701 E. 22nd Street
Lombard, IL 60148

Phone Number: (877) 723-5697

Upon becoming ineligible for group insurance, e.g., leaving employment, you may convert your Group Life Insurance coverage to an Individual Whole Life Insurance policy. This can be done regardless of your current health. For information about the amount you may convert or how long you have to convert, see either your certificate or group policy.

To apply:

1. Complete Part 2 of this conversion application. Be sure your Employer has completed Part 1. Premium rates and instructions are shown on the reverse side.
2. Mail the completed application with your check or money order for the first modal premium to the above address.

Part 1: TO BE COMPLETED BY EMPLOYER

Date Employment Term'd. ____/____/_____	Date Coverage Terminated	Last Actual Day of Work	Group Number Amount of Group Insurance	**Reason for Termination** ☐ Termination of employment or membership in eligible class ☐ Termination of Group Policy and Date Term'd. _____ ☐ Disability ☐ Other (Specify) _____
Name of Employer Providing Group Policy		Annual Salary $	Insurance Class	
Signature of Policyholder's Representative/Title		Telephone Number ( )	Date Signed	

Part 2: TO BE COMPLETED BY INSURED **Please type or print with ball point pen**

I hereby apply to convert my life insurance and affirm the following statements of fact:

NAME IN FULL	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER ( )	GROUP POLICY NO.

RESIDENT ADDRESS

STREET CITY STATE ZIP CODE

SEX	DATE OF BIRTH	AGE LAST BIRTHDAY	STATE OF BIRTH	LAST DATE OF ACTIVE WORK MO DAY YR	PRESENT OCCUPATION
	____/____/_____				

AMOUNT OF INSURANCE TO BE CONVERTED

PREMIUM MODE
☐ Annual ☐ Quarterly
☐ Semi-Annual ☐ EFT Monthly*

First full modal premium must be submitted with application
Premium Enclosed $_____

Automatic Premium Loan Provision Desired?
☐ Yes ☐ No

BENEFICIARY DESIGNATION

	FIRST NAME LAST NAME	ADDRESS	SOCIAL SECURITY NO.	DATE OF BIRTH	RELATIONSHIP
Primary				____/____/_____	
Secondary				____/____/_____	

If more space is needed 1) use extra paper 2) mark above "See Attached" 3) attachment MUST be signed and dated by Policy Owner.

Is the owner to be other than the insured? ☐ Yes ☐ No

First Name Initial Last Name Relationship

Address of Owner, if other than Insured:

No. & Street City State ZIP Code

The Owner is the person who may exercise all rights in the contract, e.g., assign, surrender, borrow. If no one is named, the Insured shall be the Owner.

I declare that the information on this application is complete and true, to the best of my knowledge and belief. I agree that the Company may deposit the payment submitted with this application prior to approval of this application. If I am not eligible to convert my Group Insurance, the sole obligation of the Company shall be to refund any premiums paid.

Signed At _____ _____ on ____/____/_____ _____

City *State* *Mo Day Year* *Signature of Applicant*

Signature of Owner (Other than Insured)

*EFT (Electronic Funds Transfer – Sign on back and attach voided check)

Dearborn Life Insurance Company

Premium Calculation Worksheet

For Conversion from Group Life to Individual Whole Life Policy

Premiums are payable to age 98 or death, whichever occurs first. For information about the amount you are eligible to convert, please refer to the Conversion of Life Insurance provision of your group life insurance certificate or the group policy. Our minimum issue amount is $2,000.

To calculate your premium, find your present age and the corresponding **table rate per $1,000** from the columns below. Multiply this premium by the number of thousands of dollars of insurance you plan to convert. Then multiply by the premium factor and add the modal policy fee to find your premium payment.

Last Birthday	Table Rate Per Thousand	Last Birthday	Table Rate Per Thousand
20	6.51	60	47.79
21	6.86	61	50.70
22	7.09	62	53.72
23	7.42	63	56.86
24	7.76	64	60.23
25	8.10	65	63.84
26	8.56	66	67.67
27	8.90	67	71.74
28	9.22	68	76.05
29	9.68	69	80.47
30	10.13	70	85.24
31	10.58	71	90.70
32	11.03	72	96.55
33	11.59	73	102.77
34	12.14	74	109.38
35	12.70	75	116.41
36	13.25	76	123.90
37	13.92	77	131.94
38	14.58	78	140.61
39	15.23	79	150.02
40	15.89	80	160.20
41	16.77	81	171.21
42	17.76	82	183.01
43	18.73	83	195.57
44	19.71	84	208.90
45	20.79	85	223.10
46	21.97	86	282.86
47	23.14	87	342.62
48	24.53	88	402.38
49	25.90	89	462.15
50	27.36	90	521.91
51	28.92	91	581.67
52	30.56	92	641.43
53	32.28	93	701.19
54	34.10	94	760.95
55	36.10	95	820.72
56	38.10	96	880.48
57	40.30	97	940.24
58	42.68	98	1,000.00
59	45.16		

(✓)	Mode Desired	Premium Factor	Modal Policy Fee
(☐)	Annual	1.000	$17.00
(☐)	Semi-Annual	.520	$ 9.00
(☐)	Quarterly	.265	$ 5.00
(☐)	EFT Monthly	.08583	$ 0.00

(Sign below & attach voided check)

Enclose the **Modal Premium** amount with your application.

For clarification, contact

DEARBORN LIFE INSURANCE COMPANY
701 E. 22nd Street
Lombard, IL 60148
1-877-723-5697

EFT Authorization: Check one:

☐ **Checking** ☐ **Savings**

Account # _____

I hereby authorize and request Dearborn Life Insurance Company to withdraw funds from my account and transfer those funds in payment for my monthly premium, and to initiate debit entries, if necessary, for any credit entries made in error. This authorization is to remain in full force until I notify Dearborn Life Insurance Company in writing of any changes or cancellation of payment. I understand that to change or cancel any future transactions, such notice must be received not less than ten business days prior to the transaction date.

_____

Signature of Account Holder

(Please attach voided check)

Example: Conversion of $10,000 Group Life for a 45-year old to $10,000 Whole Life Plan payable quarterly:

Example:

Table Rate		# of Thousands To Be Converted		Premium Factor		Modal Policy Fee		**Modal Premium**
20.79	**X**	10.000	**X**	0.265	**+**	5.00	**=**	$60.10

Your Calculations

Table Rate		# of Thousands To Be Converted		Premium Factor		Modal Policy Fee		**Modal Premium**
_____		_____		_____		_____		**$**_____

Fraud Notices

Administrative Office: 701 E. 22nd Street, Lombard, Illinois 60148

The laws of some states require us to furnish you with the following notice:

FOR APPLICATIONS AND CLAIMS:

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

California: For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Hawaii: For your protection, Hawaii law requires you be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maryland: Any person who knowingly or willingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowingly that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Tennessee: It is a crime to knowingly provide false incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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The laws of some states require us to furnish you with the following notice:

FOR CLAIMS ONLY:

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH RSA 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

FOR APPLICATIONS ONLY:

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.