



Underwritten by  
United of Omaha Life Insurance Company  
A Mutual of Omaha Company

3300 Mutual of Omaha Plaza  
Omaha, NE 68175-0001  
Toll Free (800) 826-8054

## Life Conversion Coverage

### Life Goes on with Group Conversion

Your group life insurance has been valuable protection for you and your family. Now that it will be terminated, you may wish to convert this important coverage to an individual policy. This information has been prepared to help you take advantage of your right to continue your protection.

### About Life Conversion Coverage

Life Conversion Coverage is individual permanent life insurance issued without evidence of insurability.

Life Conversion Coverage can be obtained when your life insurance under the group policy ends. Your group certificate will describe when conversion coverage is available to you, and will show the amount of coverage you can convert.

Conversion coverage will be issued without evidence of good health, provided:

- (a) you complete the attached application,
- (b) you enclose a check or money order for the first premium payment and
- (c) these items are forwarded to us within 31 days after your group insurance ends.

Your conversion policy will be effective on the 31st day after your group insurance ends. During this 31-day period, you remain covered under the continued coverage provision of your group certificate.

You may apply for an amount that is not more than the amount of your current group insurance coverage (this is your maximum). You may elect coverage in \$1,000 increments up to your maximum.

The individual policy is Permanent Life Insurance, which provides a level benefit throughout your lifetime. Premiums for this coverage are payable while living until the policy anniversary following age 100.

Premium rates are shown in the table that follows. If premium payments are discontinued after your coverage has been issued, you may:

- (a) receive any existing cash value or
- (b) use the cash value to purchase extended term insurance or a reduced amount of paid-up life insurance.

For additional information or premium rates on conversion coverage, please write or call us at:

Attn: Group Policy Services, Group Conversion  
United of Omaha Life Insurance Company  
3300 Mutual of Omaha Plaza  
Omaha, Nebraska 68175  
Phone: 1-800-826-8054

### To Apply for Life Conversion Coverage

In order to apply for life conversion coverage, you must do the following:

- 1) Complete the Life Conversion Application that follows. Use black or blue ink. Write clearly and do not erase - any corrections should be crossed out and initialed by you. Answer each question fully - do not use dashes or ditto marks.
- 2) Make sure the section entitled "Information to be Completed by the Personnel Office" is completed by the employer or administrator of the group policy.
- 3) Attach your check or money order payable to United of Omaha Life Insurance Company for the first annual, semiannual or quarterly premium payment.
- 4) Send your premium payment and completed application to the above address and must be received within 31 days after your group insurance ends.

**Privacy Notice:** When United of Omaha Life Insurance Company evaluates an application for life conversion coverage, only the information on the application is reviewed. This information, and other information we may later collect to administer coverage, may sometimes be disclosed without your express authorization. We have a procedure which allows you to review and amend any information we collect about you - other than information relating to a claim, lawsuit or criminal proceeding. If you would like to know more about our information practices, please write us at the address shown above.

## Calculating the Premium

The premium amounts in the table below are per \$1,000 of coverage. Calculate your annual, semiannual or quarterly premium in the calculation worksheet, following the steps and example below.

### To Calculate Annual, Semiannual and Quarterly Premium:

- 1) Divide your desired death benefit amount by 1,000.
- 2) Locate your age group and gender on the table below to identify the premium rate per thousand.

- 3) Multiply #1 by #2 above.
- 4) Add \$36 for the annual policy fee to obtain the **annual premium** for the coverage.
- 5) Multiply the annual premium by .52 to obtain the **semiannual premium** for the coverage.
- 6) Multiply the annual premium by .275 to obtain the **quarterly premium**.

Rate/\$1,000		
Issue Age	Female	Male
0-4	4.33	4.33
5-9	5.32	5.32
10-14	6.18	6.18
15-17	8.10	8.10
18-19	9.00	10.00
20-24	10.50	11.60
25-29	12.50	13.80
30-34	14.50	16.50
35-39	17.00	20.00
40-44	19.50	24.99
45	21.80	24.99
46	22.27	25.81
47	22.86	26.76
48	23.57	27.82
49	23.91	28.45
50	24.12	29.16
51	25.00	30.45

Rate/\$1,000		
Issue Age	Female	Male
52	25.48	31.37
53	26.31	32.58
54	27.26	34.16
55	28.31	35.83
56	29.29	37.36
57	30.17	38.99
58	31.04	40.52
59	32.02	42.26
60	33.33	44.44
61	35.18	47.39
62	36.92	50.22
63	38.78	53.16
64	40.63	56.11
65	42.48	59.05
66	45.21	63.08
67	47.93	67.11
68	50.66	71.15

Rate/\$1,000		
Issue Age	Female	Male
69	53.49	75.18
70	56.22	79.21
71	60.03	84.44
72	63.95	89.57
73	68.23	95.29
74	72.56	101.07
75	77.76	108.23
76	84.32	116.48
77	90.23	124.09
78	95.77	131.07
79	101.36	138.23
80	107.00	145.45
81	115.74	157.07
82	124.44	168.92
83	132.70	180.01
84	140.84	191.10
85	149.10	202.19

**Example** (Assumes a 50-year-old male with current group life coverage of \$20,000.)

$$\frac{20}{\text{Desired coverage amount}/\$1,000} \times \frac{\$29.16}{\text{Premium rate per thousand}} = \frac{\$583.20}{\text{Premium for coverage}} + \frac{\$36}{\text{Annual policy fee}} = \frac{\$619.20}{\text{Total annual premium}}$$

$$\frac{\$619.20}{\text{Total annual premium}} \times .52 = \frac{\$321.98}{\text{Total semiannual premium}}$$

## Calculation Worksheet

$$\frac{\underline{\hspace{2cm}}}{\text{Desired coverage amount}/\$1,000} \times \frac{\underline{\hspace{2cm}}}{\text{Premium rate per thousand}} = \frac{\underline{\hspace{2cm}}}{\text{Premium for coverage}} + \frac{\$36}{\text{Annual policy fee}} = \frac{\$}{\text{Total annual premium}}$$

$$\frac{\underline{\hspace{2cm}}}{\text{Total annual premium}} \times .52 = \frac{\underline{\hspace{2cm}}}{\text{Total semiannual premium}}$$

# Conversion Application

This completed application with premium payment must be received within 31 days after your group insurance ends. Mail the conversion to: **Attn: Group Policy Services**, Group Conversion, United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, Nebraska 68175.

## Life Insurance Section

1) Applicant's Name (First, Middle, Last)  
\_\_\_\_\_

2) Social Security Number  
\_\_\_\_\_

3)  Male  Female

4) Age \_\_\_\_\_ 5) Date of Birth \_\_\_\_\_  
Month Day Year

6) Residence (Number, Street, City, State ZIP)  
\_\_\_\_\_  
\_\_\_\_\_

7) Home Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

8a) Amount of Insurance \$ \_\_\_\_\_  
(Show amount in thousands, not greater than the amount you are entitled to convert.)

8b) Has a living benefit been paid?  Yes  No

9) Mode of Premium Payments  
 Annually  Semiannually  Quarterly

10) Amount Paid with Application  
\$ \_\_\_\_\_  
Important: If a living benefit has been paid, the full amount of coverage must be continued.

11) Beneficiary Information

### Primary Beneficiary

Full Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

### Secondary Beneficiary

Full Name \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

Payment will be shared equally by all primary beneficiaries who survive you; if none, it will be shared equally by all contingent beneficiaries who survive you. Unless otherwise stated, you have the right to change the beneficiary.

## Group Insurance Section

1) Group Policyholder \_\_\_\_\_  
Group Policy No. \_\_\_\_\_

2) I have been insured under the above Group Policy as:  
 An employee or member  A dependent

3) I became insured under the Group Policy:  
\_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

4) My group insurance terminated:  
\_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

5) Was termination due to disability?  Yes  No  
(If "Yes," give date and cause of disability.)  
\_\_\_\_\_

## Life Agreements Section

I am applying to United of Omaha for the life conversion coverage shown above. I agree United will not be under any obligation or liability under this application unless:

- 1) I have the right to convert the insurance shown above.
- 2) The application is fully completed, premium payment enclosed and received within 31 days after my group insurance ends.

Date \_\_\_\_\_, \_\_\_\_\_

State signed in \_\_\_\_\_

Applicant's  
Signature \_\_\_\_\_

## Information to be Completed by the Personnel Office

Group Policyholder \_\_\_\_\_

Policy No. \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address (Number, Street, City, State ZIP) \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Certificate No. \_\_\_\_\_

1) The Applicant was insured under the above Group Policy as:  An employee or member  A dependent

2) For what amount of coverage was the Applicant insured? \$ \_\_\_\_\_

3) What is the Applicant's date of birth? \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

4) When did the Applicant become insured under the Group Policy? \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

5) The Applicant's coverage was:  terminated on \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

reduced by \$ \_\_\_\_\_ on \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

6) On what date was the Applicant notified of their right to continue this life insurance coverage? \_\_\_\_\_

Because of \_\_\_\_\_

Completed by \_\_\_\_\_ Signature (Employer or Administrator)

Title \_\_\_\_\_ Date \_\_\_\_\_, \_\_\_\_\_

# Fraud Warnings

## Required Fraud Warnings (State specific warnings apply to the resident of such state)

**Fraud Warning:** 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.

**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.

**Arkansas/Kentucky/Louisiana/Maine/New Mexico/Ohio/Tennessee:** Any person who, with intent to defraud or knowing that he/she 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.

**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.

**Kansas:** 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 as determined by a court of law.

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

**New York:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oregon:** 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 may be a crime and may subject such person to criminal and civil penalties.

**Puerto Rico:** Any person who furnishes information verbally or in writing, or offers any testimony on improper or illegal actions which, due to their nature constitute fraudulent acts in the insurance business, knowing that the facts are false shall incur a felony and, upon conviction, shall be punished by a fine of not less than five thousand (5,000) dollars, nor more than ten thousand (10,000) dollars for each violation or by imprisonment for a fixed term of three (3) years, or both penalties. Should aggravating circumstances be present, the fixed 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 on an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Vermont:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claims containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto may be committing a fraudulent insurance act, which may be a crime and may subject such person to criminal and civil penalties.

**Virgin Islands:** 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 penalties.

**Virginia:** Any person who, with the intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.