



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 brochure has been prepared to help you take advantage of your right to continue your protection.

REQUEST FOR 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.

The individual policy is Priority Whole 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. If premium payments are discontinued, 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:

UNITED of OMAHA LIFE INSURANCE COMPANY
Attn: S-1 Grp. Conversion
Mutual of Omaha Plaza
Omaha, Nebraska 68175
800 826 8054

Please read carefully the Underwriting Practice Notice below.

When United of Omaha Life Insurance Company evaluates an application for life conversion coverage, only the information on the application is reviewed. 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.

Policy Form 6879L-0202, or state equivalent, in Texas 6920L-0202, in Oregon 6949L-0202, in Idaho 6879L-0202, in Oklahoma 6918L-0202.

Computation of Premium

To calculate an **annual** premium (Listed premium per \$1,000 x # of 1.000 in face amount) + \$36 policy fee = **annual** premium.
 Semiannual premium = annual premium x .52.

Issue Age	Male	Female
0	6.50	5.50
1	6.60	6.00
2	6.80	6.10
3	7.00	6.20
4	7.10	6.40
5	7.30	6.50
6	7.50	6.70
7	7.70	6.90
8	7.90	7.00
9	8.10	7.20
10	8.40	7.40
11	8.60	7.60
12	8.80	7.80
13	9.10	8.00
14	9.40	8.30
15	9.70	8.50
16	9.90	8.80
17	10.00	9.00
18	13.00	10.00
19	14.00	11.00
20	15.00	11.50
21	16.00	12.00
22	17.00	12.50
23	18.00	13.00
24	19.00	13.50
25	19.50	14.00
26	20.00	14.50

Issue Age	Male	Female
27	21.00	15.00
28	22.00	15.50
29	22.50	16.00
30	23.00	16.50
31	24.00	17.00
32	25.00	17.50
33	26.00	18.00
34	27.00	18.50
35	28.00	19.50
36	29.00	20.00
37	30.00	20.50
38	31.00	21.00
39	32.00	21.50
40	33.00	22.00
41	34.00	23.00
42	35.00	24.00
43	36.00	25.00
44	37.00	26.00
45	38.00	27.00
46	40.00	29.00
47	41.00	30.00
48	42.00	31.00
49	43.00	31.00
50	44.00	32.00
51	45.00	33.00
52	46.00	33.00
53	47.00	34.00

Issue Age	Male	Female
54	48.00	35.00
55	50.00	36.00
56	54.00	38.00
57	58.00	40.00
58	63.00	42.00
59	67.00	44.00
60	72.00	47.00
61	76.00	49.00
62	80.00	51.00
63	85.00	53.00
64	89.00	55.00
65	94.00	58.00
66	102.00	65.00
67	111.00	72.00
68	119.00	79.00
69	128.00	86.00
70	137.00	94.00
71	145.00	101.00
72	154.00	108.00
73	162.00	115.00
74	171.00	122.00
75	180.00	130.00
76	188.00	139.00
77	196.00	149.00
78	205.00	159.00
79	213.00	169.00
80	222.00	179.00

In order to apply for the life conversion coverage described in this brochure you must do the following.

- 1 Complete the Life Conversion Application on the back page. Use black or blue ink, or typewriter. Write plainly and do not erase; correction should be crossed out and initialed by you. Answer each question fully; do not use dashes or ditto marks.
- 2 Make sure the Section "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 or semiannual premium payment.
- 4 Send your premium payment and completed application to us at the above address within 31 days after your group insurance ends.

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

Because of _____

Completed by _____ Signature (Employer or Administrator)

Title _____ Date _____, _____

Conversion Application



This application must be completed and mailed within 31 days after your group insurance ends. Mail the conversion to: United of Omaha Life Insurance Company, Attn: S-1 Group Conversions, 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 _____
Mo. Day Yr.
- 6 Residence (Number, Street, City, State, ZIP)

- 7 Home Phone Number (_____) _____
- 8 Amount of Insurance \$ _____
(Show amount in thousands, not greater than the amount you are entitled to convert.)
- 9 Mode of Premium Payments
 Annually Semiannually
- 10 Amount Paid With Application
\$ _____

11 Beneficiary (Give full name and relationship to applicant)

Primary _____
Contingent _____

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 Information Section

- 1 Group Policyholder _____ Group Policy No. _____
- 2 I have been insured under the above Group Policy: An employee or member A dependent
- 3 My group insurance terminated: _____ Month _____ Day _____ Year
- 4 Was termination due to disability? Yes No
(If "Yes," give date and cause of disability.) _____

Life Agreements Section

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

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 to the insurance shown above.
- (2) The application is made within 31 days after my group insurance ends.

Date _____, _____

Signed at _____

Applicant's Signature

Agent's Name

Agent's License Identification Number

Policy form 6879L-0202, in Texas 6920L-0202, in Oregon 6949L-0202, or state equivalent.