



Health Net®

LIFE INSURANCE COMPANY

Life Premium Accounting and Eligibility
PO Box 10427
Mail Stop CA-100-04-03
Van Nuys, CA 91410-0427
1-800-865-6288

Application to Convert
Group Life Insurance

Upon leaving employment or otherwise becoming ineligible for group life insurance, you may be eligible to convert your group life insurance coverage to an individual life insurance policy. This can be done regardless of your physical condition, if you apply for the coverage within 31 days of the date your group insurance terminates.

For information about the maximum amount you may convert, see either your certificate or your employer's group policy.

To apply:

- 1. Complete Part 2 of this conversion application. Be sure your employer has completed Part 1. Premium rates and instructions for figuring your premium are shown on page 3. The application and premium must be received within 31 days of your termination date. Note that the applicable premium is determined by your nearest birthday age on the date that your group insurance eligibility terminates, as explained on page 3.
2. Mail the completed application together with your check or money order, made payable to "Health Net Life Insurance Company" for the first premium, to the above address.

Part I. To be completed by the employer

Form with fields: Policyholder #, Date employment terminated, Date coverage terminated, Amount of group life insurance upon termination (Basic Life/AD&D, Dependent Life, Supplemental Life, Supplemental AD&D), Reason for termination (Termination of employment or membership in eligible class, Termination of group policy, Other), Name of policyholder, Signature of employer representative.

Part II. To be completed by the insured

Please type or print with ballpoint pen

In accordance with and subject to all the terms and conditions of the conversion privilege contained therein, I make application to convert my life insurance under the above noted group policy to an individual policy, to be issued in accordance with the following request and statements of fact.

Form with fields: Applicant name, Social Security #, Applicant telephone #, Applicant address, City, State, ZIP, Applicant's sex, Applicant's date of birth, Applicant's age at nearest birthday, Applicant's State of birth, Applicant's last day of full-time active work for employer, Applicant's present occupation, Amount of insurance to be converted, Premium mode (Annual, Semi-annual, Quarterly, Monthly), First full modal premium must be submitted with application, Premium enclosed.

Part II. To be completed by the insured (continued)

Beneficiary designation

Last name	First name	MI	Relationship	%

If none of the above is living, then pay:

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Note: The owner is the person who has the right to borrow, assign, surrender, and to exercise all other rights contained in the contract. If no other owner is designated, the insured shall be the owner.

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

Is the right to change the beneficiary reserved to the owner? Yes No

This question must be checked "No" if owner does not have the right to borrow, assign, surrender, and change the beneficiary, and exercise all other rights contained in the contract without the written consent of the beneficiary. Unless otherwise indicated, the right to change the beneficiary is reserved to the owner.

Policy owner, if other than insured

Last name	First name	MI	Relationship
Policyowner address (if other than insured):		City:	State: ZIP:

I have read the above questions and answers and hereby declare that they are complete and true to the best of my knowledge and belief, and I agree that this application shall form a part of any policy issued. I further agree that while my eligibility to convert under the terms of the above group insurance policy is being determined, Health Net Life Insurance Company (the Company) may deposit the payment, if any, submitted with this application. If I am not eligible to convert my group insurance, the sole obligation of the Company shall be to refund the above payment. **WARNING:** Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Signature of applicant:	Date:	Signature of owner (if other than insured):	Date:
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Conversion rates

This application and the first modal premium are due within 31 days of the termination of your group life coverage. Please consult your group life certificate to determine the maximum allowable amount that you may convert. Premiums are payable to the age of 98.

To calculate your premium, use the rate chart below and find your "Age on nearest birthday."¹ Then, find the appropriate premium amount per \$1,000 for the premium mode you elected on page 1. Multiply the appropriate premium amount by the number of \$1,000s of coverage you are converting. Submit payment to Health Net Life Insurance Company with this application.

Example: An individual is requesting to convert \$15,000 of coverage and elects to pay premiums on an annual basis.

Termination of coverage date:11/13/XX Current age:45

Birth date:4/6/XX Age on nearest birthday:46

Number of \$1,000s of coverage calculation example: Coverage $\frac{\$15,000}{\$1,000} = 15$

Premium calculation:	Table premium per \$1,000 @ Age 46	Number of \$1,000s of coverage	Annual premium
	$\frac{\$25.15}{x}$	$15 =$	$\underline{\$377.25}$ Payable at the time the application is submitted.

Age on nearest birthday ¹	Annual premium per \$1,000 of coverage	Semi-annual premium per \$1,000 of coverage	Quarterly premium per \$1,000 of coverage	Age on nearest birthday ¹	Annual premium per \$1,000 of coverage	Semi-annual premium per \$1,000 of coverage	Quarterly premium per \$1,000 of coverage
20 yrs and under	\$10.69	\$5.56	\$2.83	46	\$25.15	\$13.08	\$6.66
21	\$10.71	\$5.57	\$2.84	47	\$26.23	\$13.64	\$6.95
22	\$10.73	\$5.58	\$2.84	48	\$27.26	\$14.18	\$7.22
23	\$10.75	\$5.59	\$2.85	49	\$28.09	\$14.61	\$7.44
24	\$10.99	\$5.71	\$2.91	50	\$29.32	\$15.25	\$7.77
25	\$11.24	\$5.84	\$2.98	51	\$30.94	\$16.09	\$8.20
26	\$11.54	\$6.00	\$3.06	52	\$32.37	\$16.83	\$8.58
27	\$11.85	\$6.16	\$3.14	53	\$33.88	\$17.62	\$8.98
28	\$12.19	\$6.34	\$3.23	54	\$35.47	\$18.44	\$9.40
29	\$12.53	\$6.52	\$3.32	55	\$37.49	\$19.49	\$9.93
30	\$12.92	\$6.72	\$3.42	56	\$39.29	\$20.43	\$10.41
31	\$13.28	\$6.91	\$3.52	57	\$41.18	\$21.41	\$10.91
32	\$13.77	\$7.16	\$3.65	58	\$43.26	\$22.50	\$11.46
33	\$14.30	\$7.44	\$3.79	59	\$45.79	\$23.81	\$12.13
34	\$14.87	\$7.73	\$3.94	60	\$47.74	\$24.82	\$12.65
35	\$15.47	\$8.04	\$4.10	61	\$50.16	\$26.08	\$13.29
36	\$16.09	\$8.37	\$4.26	62	\$53.00	\$27.56	\$14.05
37	\$16.75	\$8.71	\$4.44	63	\$55.49	\$28.85	\$14.70
38	\$17.45	\$9.07	\$4.62	64	\$58.71	\$30.53	\$15.56
39	\$18.20	\$9.46	\$4.82	65	\$61.53	\$32.00	\$16.31
40	\$19.18	\$9.97	\$5.08	66	\$65.17	\$33.89	\$17.27
41	\$19.82	\$10.31	\$5.25	67	\$68.39	\$35.56	\$18.12
42	\$20.75	\$10.79	\$5.50	68	\$72.57	\$37.74	\$19.23
43	\$21.75	\$11.31	\$5.76	69	\$76.30	\$39.68	\$20.22
44	\$22.84	\$11.88	\$6.05	70 ²	\$80.73	\$41.98	\$21.39
45	\$24.00	\$12.48	\$6.36				

¹Age on nearest birthday – Rates are based on your nearest age at the time your group life insurance terminated. If your next birthday falls within seven months from the date your group term life insurance terminated, add 1 year to your current age. If your next birthday is more than seven calendar months from the date your group life insurance terminated, use your current age to calculate the premium amount due for your first payment.

²Conversion is not permitted if an insured's group life benefits terminate after the insured has attained age 70.

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