EQUITABLE

Notice of conversion

About Group Life conversion

Mail forms to:
Equitable Employee Benefits
8501 IBM Drive, Suite 150B;
Charlotte, NC 28262
Phone: 866-274-9887
Email: EBCustomerservice@Equitable.com

Equitable Employee Benefits Customer Service Team:
Hours of Operation:
Monday to Friday – 8:00 AM to 8:00 PM,EST
866-274-9887

This notice provides you with information about Group Life Conversion offered as part of your Employer Benefits Program. If any portion of your Group Life Insurance coverage terminates or reduces you may be able to convert your life insurance protection. The right to do this is called a Conversion Privilege and the features are described here for you.

Conversion Requirements Conversion will be subject to the following conditions:

(1) the amount converted cannot be less than the Minimum Conversion Amount shown in the Schedule of Benefits in your life insurance certificate;

(2) the amount converted cannot exceed the amount that ends or the portion of the amount reduced under the certificate, less the amount of life insurance for which the Insured Person becomes eligible under any group policy within 31 days after the date the Insured Person's coverage ended or was reduced;

(3) application for conversion must be requested within 31 days after the Insured Person's coverage is terminated or is reduced as described above; and

(4) all premiums must have been paid.

Conversion Policy: Conversion will be processed upon our receipt of your application and payment of the new policy's first year premium within the conversion period.

Your Group Life Insurance coverage terminates when you retire or leave your employer. To exercise your right to convert, contact Equitable Employee Benefits Customer Service Team within 31 days from the date of termination.

How to apply

1. Have your employer complete page 1 of this form. You'll need the information supplied by your employer to continue with the Conversion process. **Please retain this form. This is not an application; this form is intended to gather the information necessary to begin the conversion application process**
2. Call our Customer Service Center at 1-866-274-9887 if you choose to continue with the conversion process or would like additional information regarding this notice. When we ask, please be ready to provide:
   - Your Group Policy number
   - Your name, address and date of birth
   - Your Social Security Number
   - The name and address of the employer where you last worked
   - The amount of Group Life coverage that was terminated or reduced
   - Name(s) of any covered dependents who are also converting
   - Termination date (or date benefits were reduced if applying for Group Life Conversion)

***Should you elect to convert your coverage, you will be billed directly for your premiums. Premium is collected on an annual basis.**
****Please refer to the terms and provisions in the certificate which will govern your conversion rights. If you do not have a copy of the certificate, please speak with your Group Plan Administrator or HR Representative.**

Important reminders

You have a limited time to apply for conversion. We must receive the completed Notice of Conversion in order to move to the next step of the process. Your premium is based on the class of risk to which you belong and your age at your nearest birthday.

Instructions for the employer

1. Complete sections 1, 2 and 3. Sign and date this form.
2. Present this form to the employee on or before the date the coverage will end/reduce.
3. Inform the employee that he or she has **31 days** (or any extended notice period) from the date coverage terminates (or the date benefits were reduced) to submit this Notice of Conversion form and will be required to submit annual premium for individual coverage upon delivery of the policy. (Some policies may be longer. Check your group insurance booklet/certificate).
4. Provide the employee with:
    a. Employee Group Life Conversion handout.
    b. This completed form, all sections must be completed, if applicable. This completed notice can be emailed to EBCustomerservice@Equitable.com or mailed to: Equitable; 8501 IBM Drive, Suite 150B; Charlotte, NC 28262

If you should have any questions regarding Group Life Conversion, call our Customer Service Team at 866-274-9887.

1 | Employer information

Name of group policyholder (i.e. employer or company name)		Group policy number
Name of person completing this form (Employer administrative contact)	Title	Phone number

2 | Employee information

Name of employee (first, middle initial, last)			Date of birth	Class
Email Address			Phone Number	
Social Security Number	Basic annual salary	Date last worked	Date of disability	Insurance effective
Date of last salary increase	Date of reduction or termination of group life insurance		Date Optional life coverage terminated (if different)	

1. This employee's Group Life benefits are being..... ☐ Reduced ☐ Terminated
2. Did the employee stop working due to accidental injury or sickness?..... ☐ Yes ☐ No ☐ N/A
3. Did the employee stop working due to retirement?..... ☐ Yes ☐ No ☐ N/A
4. Has a Waiver of Premium claim been filed? ..... ☐ Yes ☐ No ☐ N/A
    a. If yes, what was the determination? ..... ☐ Approved ☐ Denied ☐ Pending
5. Are premiums still being paid by the employer under the Continuation provision? ..... ☐ Yes ☐ No

3 | Coverage information (To be completed by employer)

Select the appropriate coverage information, according to the group insurance booklet/ certificate. Fill in current amount of coverage to be converted.

	Terminated amount	Reduced amount		Terminated amount	Reduced amount
☐ Employee Basic Life	$	$	☐ Employee Opt'l / Voluntary Life	$	$
☐ Spouse Basic Life	$	$	☐ Spouse Opt'l / Voluntary Life	$	$
☐ Child Basic Life	$	$	☐ Child Opt'l / Voluntary Life	$	$

4 | Signature

Name of employer administrative contact	Phone number
Signature of employer administrative contact X	Date