GUARDIAN®

Notice of Life Insurance Conversion Privilege and Request for Application

Send this form to: National Conversion Department, P.O. Box 8070, Appleton, WI 54912-8070
Fax number: 920-749-6219
Secure E-mail: national_conversions@glic.com

NOTE TO THE PLANHOLDER: *Please complete all the information requested, then send the original to the individual whose insurance is terminating and attach a copy to either the employee's enrollment form or record file. Be sure to sign this form where indicated.*

Please TYPE or PRINT Clearly:

NAME OF EMPLOYER			GROUP PLAN #	DATE
ADDRESS OF EMPLOYER (STREET, CITY, STATE, ZIP)				
NAME OF EMPLOYEE		LIFE INSURANCE AMT. $	SOCIAL SECURITY #	BIRTH DATE
NAME OF INSURED	LIFE INSURANCE AMT. $	RELATIONSHIP TO EMPLOYEE	SOCIAL SECURITY #	BIRTH DATE
ADDRESS OF INSURED (STREET, CITY, STATE, ZIP)			COUNTY	EFF. DATE OF COVERAGE

EMPLOYEE TERMINATION

As your employment terminated on (Date)_____, your Group Insurance has been discontinued. Under the conversion privilege contained in the Group Plan and described in your certificate booklet.

Were you disabled at the time your group benefit ended? ☐ Yes ☐ No

DEPENDENTS NO LONGER ELIGIBLE FOR GROUP COVERAGE

As your coverage under the Group Plan terminated on (Date)_____, conversion may be made to an individual policy under the following conditions:

A. an unmarried child upon attainment of the limiting age to cover himself or herself
B. a spouse upon death of insured employee to cover such spouse and dependent children
C. a spouse upon legal divorce or separation from insured employee to cover such spouse and the dependent children
D. employee termination of coverage

NOTE TO THE INSURED: *To apply for a conversion, review this form to be sure it is complete, sign and date the form in the space indicated below and then return it to The Guardian Life Insurance Company of America.*

REQUEST FOR APPLICATION FOR CONVERSION MUST BE MADE WITHIN 31 DAYS FROM THE DATE YOUR INSURANCE TERMINATED UNLESS YOUR PLAN SPECIFIES A DIFFERENT TIME FRAME.
PLEASE REVIEW THE CONVERSION PROVISIONS IN YOUR CERTIFICATE BOOKLET.

SIGNATURE OF PLANHOLDER	TITLE	DATE
SIGNATURE OF INSURED		DATE