

**NOTICE OF CONVERSION RIGHTS**

**INSTRUCTIONS TO THE EMPLOYER:**

Fill in the person's name, termination and notification dates, and check the appropriate box(es) below. Hand-deliver or mail this form to the eligible person for signature and keep a copy for your records. Return a photocopy to Significa Benefits Services (SBS) at the address below.

Explain any conversion options that are available. A complete description of eligibility and available options is contained in your Group Insurance Policy or Plan Document.

If the insured person wishes to apply for Conversion, you should instruct him or her to complete the "Request for Conversion Information" section at the bottom of this form and return a copy of it to SBS at the address below.

If you mail this form to an employee or dependent, use the last known address and mail only the original after completing the name and coverage termination date. Keep a copy for your records.

Employee (or eligible dependent) name: \_\_\_\_\_

Group coverage termination date: \_\_\_\_\_ Date employee was hand-delivered or mailed this form: \_\_\_\_\_

Employer's name: \_\_\_\_\_ Group No: \_\_\_\_\_

Checked by Employer	How to Apply
1. <input type="checkbox"/> Medical Conversion	Complete the bottom section of this form. ("Request for Conversion Information") and mail to SBS at the address below. SBS will mail the employee a rate quotation, benefit description, and application for individual coverage.
2. <input type="checkbox"/> Life Conversion	

**INSTRUCTIONS TO THE EMPLOYEE OR DEPENDENT WHOSE COVERAGE IS TERMINATING:**

Important: All claims prior to the termination date must be submitted within 90 days after employment/coverage ends. Please be aware that your coverage terminated in accordance with the terms of the group plan/policy on the above date. If applicable, under a conversion privilege contained in the group plan/policy, it may be possible for you to obtain an individual insurance policy. Your eligibility for any such conversion is described in your group certificate or benefit booklet.

If eligible for the conversion privilege, you generally have 31 days from the date your coverage terminates to apply for and pay the required premium for a conversion policy. If you would like a rate quotation, please complete the section below immediately and send to Significa Benefits Services (SBS) at the address shown below. SBS will mail you a rate quotation, general benefit description, and application form for coverage. After examining the rates and benefit information, you may choose to apply or not apply.

REQUIRED SIGNATURE: **This form is not an application.** Your signature below only acknowledges receipt of this notice.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

**REQUEST FOR CONVERSION INFORMATION:**

Please send me information on:     Medical Conversion     Life Conversion

My current address is: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

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(717) 581-1300 or (800) 433-3746*