



The Guardian Life Insurance
Company of America
PO Box 8012
Appleton WI 54912-8012

Notice of Life/Medical Insurance Conversion Privilege and Request for Application

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, you may convert your Group Life Insurance to an individual policy. You may also apply for conversion of your Group Medical Insurance to an individual policy covering you and your qualified dependents.

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

NOTE TO THE INSURED: To apply for a conversion, check the box indicating the coverage you wish to convert. 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. ☐ Life ☐ Medical ☐ Both

**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

LIFE CONVERSION RATES

Last Updated

1/29/2008

Below are the annual rates to convert your Group Life Plan paid up at age 95 (L-95). These L-95 rates are provided to give you an ESTIMATE of the annual cost to convert your group life coverage. To compute the cost, look at your age (or dependent's age if they are converting) on the appropriate chart, then follow it over to the appropriate coverage amount. You may convert your coverage in any multiple of \$1,000 with a minimum of \$3,000 and a maximum allowed according to your eligibility. Then multiply the cost per \$1,000 coverage by the amount you plan to convert. EXAMPLE: A 30 year old wishing to convert \$50,000 of coverage would compute the premium as follows; First \$25,000 = \$368.25, additional \$25,000 (25,000 X 14.73 per \$1,000) = \$368.25. The total annual premium would be \$736.50.

Issue Age	Under \$10,000	\$10,000 - \$24,999		\$25,000 - \$99,999	
	Each \$1,000	First \$10,000	Each Add'l \$1,000	First \$25,000	Each Add'l \$1,000
0	6.18	61.80	6.18	154.50	6.18
1	6.18	61.80	6.18	154.50	6.18
2	6.29	62.90	6.29	157.25	6.29
3	6.38	63.80	6.38	159.50	6.38
4	6.50	65.00	6.50	162.50	6.50
5	6.62	66.20	6.62	165.50	6.62
6	6.75	67.50	6.75	168.75	6.75
7	6.91	69.10	6.91	172.75	6.91
8	7.06	70.60	7.06	176.50	7.06
9	7.23	72.30	7.23	180.75	7.23
10	7.31	73.10	7.31	182.75	7.31
11	7.49	74.90	7.49	187.25	7.49
12	7.68	76.80	7.68	192.00	7.68
13	7.89	78.90	7.89	197.25	7.89
14	8.09	80.90	8.09	202.25	8.09
15	8.31	83.10	8.31	207.75	8.31
16	8.53	85.30	8.53	213.25	8.53
17	8.75	87.50	8.75	218.75	8.75
18	8.97	89.70	8.97	224.25	8.97
19	9.11	91.10	9.11	227.75	9.11
20	10.59	105.90	10.59	264.75	10.59
21	10.93	109.30	10.93	273.25	10.93
22	11.28	112.80	11.28	282.00	11.28
23	11.62	116.20	11.62	290.50	11.62
24	11.98	119.80	11.98	299.50	11.98
25	12.37	123.70	12.37	309.25	12.37

Issue Age	Under \$10,000	\$10,000 - \$24,999		\$25,000 - \$99,999	
	Each \$1,000	First \$10,000	Each Add'l \$1,000	First \$25,000	Each Add'l \$1,000
26	12.80	128.00	12.80	320.00	12.80
27	13.23	132.30	13.23	330.75	13.23
28	13.70	137.00	13.70	342.50	13.70
29	14.20	142.00	14.20	355.00	14.20
30	14.73	147.30	14.73	368.25	14.73
31	15.30	153.00	15.30	382.50	15.30
32	15.88	158.80	15.88	397.00	15.88
33	16.51	165.10	16.51	412.75	16.51
34	17.17	171.70	17.17	429.25	17.17
35	17.87	178.70	17.87	446.75	17.87
36	18.62	186.20	18.62	465.50	18.62
37	19.40	194.00	19.40	485.00	19.40
38	20.22	202.20	20.22	505.50	20.22
39	21.08	210.80	21.08	527.00	21.08
40	21.99	219.90	21.99	549.75	21.99
41	22.95	229.50	22.95	573.75	22.95
42	23.93	239.30	23.93	598.25	23.93
43	24.97	249.70	24.97	624.25	24.97
44	26.07	260.70	26.07	651.75	26.07
45	27.21	272.10	27.21	680.25	27.21
46	28.42	284.20	28.42	710.50	28.42
47	29.68	296.80	29.68	742.00	29.68
48	31.02	310.20	31.02	775.50	31.02
49	32.44	324.40	32.44	811.00	32.44
50	33.91	339.10	33.91	847.75	33.91
51	35.47	354.70	35.47	886.75	35.47
52	37.11	371.10	37.11	927.75	37.11
53	38.85	388.50	38.85	971.25	38.85
54	40.66	406.60	40.66	1,016.50	40.66
55	42.57	425.70	42.57	1,064.25	42.57
56	44.56	445.60	44.56	1,114.00	44.56
57	46.70	467.00	46.70	1,167.50	46.70
58	48.93	489.30	48.93	1,223.25	48.93
59	51.30	513.00	51.30	1,282.50	51.30
60	53.82	538.20	53.82	1,345.50	53.82
61	56.50	565.00	56.50	1,412.50	56.50
62	59.34	593.40	59.34	1,483.50	59.34
63	62.35	623.50	62.35	1,558.75	62.35
64	65.50	655.00	65.50	1,637.50	65.50
65	68.85	688.50	68.85	1,721.25	68.85
66	72.36	723.60	72.36	1,809.00	72.36
67	75.99	759.90	75.99	1,899.75	75.99
68	79.63	796.30	79.63	1,990.75	79.63
69	83.48	834.80	83.48	2,087.00	83.48
70	87.52	875.20	87.52	2,188.00	87.52
71	92.20	922.00	92.20	2,305.00	92.20
72	97.19	971.90	97.19	2,429.75	97.19
73	102.43	1,024.30	102.43	2,560.75	102.43
74	107.98	1,079.80	107.98	2,699.50	107.98

Issue Age	Under \$10,000	\$10,000 - \$24,999		\$25,000 - \$99,999	
	Each \$1,000	First \$10,000	Each Add'l \$1,000	First \$25,000	Each Add'l \$1,000
75	113.79	1,137.90	113.79	2,844.75	113.79
76	119.92	1,199.20	119.92	2,998.00	119.92
77	126.42	1,264.20	126.42	3,160.50	126.42
78	133.87	1,338.70	133.87	3,346.75	133.87
79	142.77	1,427.70	142.77	3,569.25	142.77
80	152.51	1,525.10	152.51	3,812.75	152.51

Please note that these rates are for INFORMATIONAL PURPOSES ONLY. We will determine your eligibility and provide you with the correct rate, if you return the enclosed postcard to receive an application. (NOTE: Amounts and ages NOT listed on the chart can be obtained upon request)

Other plans may be available such as Life 99 (L99) and Life 121 (L121) for slightly different premium rates. Information on these plans are available upon request.

ALL RATES ARE BASED ON A UNISEX RATING