BOSTON MUTUAL LIFE INSURANCE COMPANY



120 ROYALL STREET • CANTON, MASSACHUSETTS 02021

NOTICE OF CONVERSION PRIVILEGE FOR GROUP LIFE INSURANCE

THIS PORTION MUST B	BE COMPLETED AND SIGNED	BY THE EM	PLOYER:		
Name of Insured	Social Security #	M or F	Amount of Insurance Eligible to	Convert	Date of Birth
Address			Ir	nsurance Termination o	r Reduction Date
Policy Number	Name of Group		L	ast Day of Full Time E	Employment Employment
G -					
Date of this Notice	Employer Authorized Signa	nture		Telephone	· #
THIS PORTION MUST E	BE COMPLETED AND SIGNED	D BY THE EM	PLOYEE:		
SUPF	PLEMENTARY STATEME THE APPLIC		TTACHED TO AND I	MADE PART O	F
The following statement a tobacco user's surcharge.	is made as an inducement to the	Boston Mutua	l Life Insurance Company	to issue a life insu	urance contract withou
Have you used any form of	f tobacco products (cigarettes, pi	pe, cigars, chev	ving tobacco, nicotine gum o	=	the past 36 months? YES □ NO □
Date	Signature of Proposed Insu	red			
convert to an individual lif Certificate. The individual belong and to your present Please forward the white Royall Street, Canton, MA return of this notice does n If you choose to apply fo	copy of this completed form to 02021. Upon receipt of this form of bind you in any way to compar an individual life insurance polit premium within 31 days after	e with the termedical examinathe Group Corm we will forwlete an applicaticy, your appli	ns of the group policy's Cotion based upon the rate appropriate to be a possible to be a po	onversion Privileg oplicable to the cla on Mutual Life Invith premium rates and sent to Boston	e, summarized in you as of risk to which you surance Company, 120 s and instructions. The Mutual Life Insurance
NOTE: This Notice of Co	onversion application applies to	the following	states: AR; CO; CT; GA	A; IN; IA; KY; L	A; MI; MS; NH; NC

G-115 Rev 7/05 221-042 Standard 10/05

OR; RI; SC; TX; UT; VA; WA; WI; PR.