## Conversion of Group Life Benefits to an Individual Policy



Part A – Conversion Privilege Notice To Eligible Person					Date of this notice / /			
To The Employee/Assignee: The Group Term Life benefits in the amount(s) indicated below will be terminated on (Date) You may apply for an Individual Life Insurance policy (other than Term Insurance), which will be issued without medical examination by Metropolitan Life Insurance Company (hereafter "MetLife"), if you apply for it and the required premium payment is made within:  • 31 days from the date benefits were terminated, or  • 15 days from the date this notice is given, if notice is given more than 15 days from the date benefits were terminated.  In no event will this period extend beyond 91 days from the date benefits were terminated.  Use one of the methods shown below to contact MetLife to apply for an individual policy. We will arrange for a Financial Services Representative to follow-up with you and assist you in the application process.  • Call MetLife's toll-free number 1-877-ASK MET7 (1-877-275-6387), or								
Contact us via the Internet at solutions@metlife.com								
Name of Insured (Last, First)		Relationship to Employee	=	Self Dependent	Male Female		Date of Birth / /	
Name of Owner if Certificate is Assigned (Last, First)			Amount(s) of Group Life benefits that may be converted.  \$ Basic Life Experience #					
Address of Insured/Owner St		\$ \$			Optional Life Experience # Spouse Life Experience #			
City St	Zip Coo	Code \$ Child Life \$ Survivor			Experi	ence # ence #		
Name of Employee, if other than insured Er	nployee's Socia /	Security Number   Te	elephoi )	ne (Include Area Code)  Job Title				
Part B – Employer Information To MetLife								
Date Group Life benefits became effective for insured  / /    Termination   Retirement			tion of Group Life benefits:  Employment					
Was an ABO claim paid? Yes No If yes, what is the claim an Subtract this amount from				mount? \$   n amount(s) in force prior to discontinuance.				
Amount(s) in force prior to discontinuance:						Amount(s) continued:		
\$Basic Life	\$	Basic Life			\$Basic Life			
Charles Life C		Optional Life Spouse Life			\$Optional Life \$ Spouse Life			
\$		Spouse Life Child Life			\$ Spouse Life \$ Child Life			
\$ Survivor	\$	Survivor			\$Survivor			
Was the employee totally disabled on the date the benefits were discontinued? Yes No								
Name of Employer								
Address Street		City			State		Zip Code	
igned Date Telephone						(Include Are	(Include Area Code)	
For Use Only By MetLife								
To Be Completed By Group Department								
☐ Issue a conversion policy in an amount up to \$ ☐ Decline issue – conversion period expired.  Person is not eligible for term insurance. ☐ Decline issue – 5 year Group coverage requirement not met.								
Are the Experience Number(s) indicated above correct?  Yes  No If "No," correct the Experience Number(s) shown above.								
Approval to issue or decline furnished by Signature Reg. Bus. Unit/Nat'l. Accts. Telephone (Include Area Code) Date ( ) -						Date / /		
To Be Completed By Individual Business								
Type of Policy Life Paid-up at 98 Universal Life Amount of Policy Effective Date of Policy Policy Number    Sued:   Effective Date of Policy   Policy Number								
Completed by Signature	IB NB Proc	essing Center	Telep (	elephone (Include Area Code) Date // /				

## Instructions to Employer

- 1. Complete both Parts A and B above immediately upon termination of Group Life benefits for an eligible employee and/or covered dependents.
- 2. Make copies of the completed form and give the original copy to the person eligible to convert or mail it to the last known address.
- 3. Mail a copy of the completed form to the MetLife office responsible for administering your Group contract.
- 4. Send a copy of the form via fax (1-888-422-4272) or Internet (solutions@metlife.com) to MetLife Advice Resource Center.

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