



A subsidiary of Blue Cross and Blue Shield of Louisiana, independent licensees of the Blue Cross and Blue Shield Association.

Application for Conversion of Life Insurance

Send to: P.O. Box 98044 • Baton Rouge, Louisiana 70898-9044 • 800-376-7734 • FAX: 225-297-2665

PLEASE PRINT NEATLY

1. Insured Name _____ Social Security Number _____
Member ID _____ Group Number _____

2. Former Employer _____
(Through which the Group or Employee Life Insurance was carried)

Termination Date of Employment _____

Amount of Terminated Life Insurance Coverage \$ _____

3. Applicant Name _____ M F Social Security Number _____
 Self Dependent

4. Mailing Address _____ / /
Street or PO Box City/State/Zip DOB

5. I desire to convert \$ _____ of my Life Insurance to a Whole Life Insurance Policy
(Requested amount cannot exceed amount of group coverage on date of termination)

Beneficiary _____ / /
Print full name and relationship Beneficiary DOB

6. Corrections and Amendments (Home Office Use Only)

NOTE: Application must be received along with 1st month's premium within 31 days of the termination of coverage.

THE UNDERSIGNED, HAVE READ THE ABOVE, DECLARES AND AGREES: (1) The information therein is complete and correct, and shall be the basis for and a part of any insurance issued: (2) the company shall not be bound by any statement of the undersigned to any person, not contained therein, nor shall notice to or knowledge of any agent be notice to or knowledge of the Company; (3) errors and omission therein may be corrected by the Company in Item 8 above, and acceptance of any policy issued hereon shall be ratification thereof, except that no correction in amount of life insurance or premium or classification, plan of insurance, or benefits shall be made without written agreement of the undersigned (4) on the President, a Vice President, or the Secretary of the Company can make, modify, or discharge contract, or waive any of the Company's rights or requirements.

Applicant Signature _____ Date _____

FRAUD STATEMENT

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

IF YOU ARE UNDER AGE 60 AND PERMANENTLY AND TOTALLY DISABLED (INSURED ONLY), YOU MAY BE ELIGIBLE FOR PREMIUM WAIVER UNDER YOUR GROUP INSURANCE POLICY INSTEAD OF A CONVERSION POLICY.