Request for Group Life Conversion Information

Anthem Blue Cross

INSTRUCTIONS:

Policyholder (employer): This form should be completed and furnished to every employee who may have the conversion right.

Employee (person requesting information): Complete the employee section and immediately mail to Anthem Blue Cross Life and Health Insurance Company.

Attn: GROUP LIFE CONVERSIONS
P.O. Box 182361
Columbus, Ohio 43218-2361
Phone no. 800-801-6142
Fax no. 614-433-8316

Section 1. TO BE COMPLETED BY EMPLOYER

Group policyholder or plan name	Group no.	Class no.

Employee name	Social Security No.	Date of birth

Job title	Annual salary	Certificate no.
	$	

Gender	Marital status	Spouse date of birth
☐ Male ☐ Female	☐ Married ☐ Single ☐ Divorced ☐ Widowed	

Effective date of coverage	Date last worked	Employment termination date	Insurance termination date

Reason for termination
☐ Termination of employment ☐ Reduction of coverage ☐ Death of employee ☐ Other (specify) _____
☐ Termination of group policy ☐ Retirement Spouse name _____

Coverage terminating:

Employee		**Dependents**	
Basic amount	$ _____	Spouse amount	$ _____
Supplemental amount	$ _____	Children (each) amount	$ _____
Other	$ _____		
Total amount	$ _____		

Is the employee/member on disability? ☐ Yes ☐ No
If yes, did he/she become disabled prior to age 60? ☐ Yes ☐ No
Is the employee/member disabled? ☐ Yes ☐ No
Has the insured member made an absolute assignment of group life insurance to be converted? ☐ Yes ☐ No
If yes, please attach a copy of the absolute assignment form.

This form will be handed to employee on

This form will be mailed to employee on

Employer representative signature	Print name	Title
X		

Company address	Company phone no.

Section 2. TO BE COMPLETED BY EMPLOYEE

Do not mail this form to Anthem Blue Cross Life and Health Insurance Company unless the top portion is completed and signed by employer. Your Group Term Life Insurance Benefits are terminating as indicated above. You may be eligible to convert to an individual life policy. After you promptly send this form to Anthem Blue Cross Life and Health Insurance Company, Anthem Blue Cross Life and Health Insurance Company will send you a description of the conversion plan, your premium rates and an application form. The application and first premium payment must be received by Anthem Blue Cross Life and Health Insurance Company within 31 days of the termination of your life insurance benefits, under your employer's group insurance policy.

Important notice: This is not an application for conversion of your group life plan coverage. Receipt of this form and subsequent information does not guarantee your eligibility to convert your group term life insurance.

Requestor name	Relationship to employee	Phone no.	

Address (no. and street)	City	State	ZIP code

Requestor signature	Date signed
X	

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningun costo adicional llamando al número de servicio al cliente que se encuentra en este documento.