CONVERSION REQUEST FORM

THIS FORM MUST BE RECEIVED BY NORTH AMERICAN BENEFITS COMPANY WITHIN 31 DAYS IMMEDIATELY FOLLOWING THE INSURED'S TERMINATION DATE IF THE INSURED WANTS TO CONVERT INSURANCE TO AN INDIVIDUAL WHOLE LIFE POLICY.

MAIL COMPLETED FORM TO: North American Benefits Company (NABCO)
PO Box 3056
Southeastern, PA 19398-3056
Fax: 610-995-0181

OR **EMAIL TO:** conversions@nabenefits.com

If you are interested ONLY in requesting an estimated price quote, simply forward your request as noted above. The quote is not binding and may change prior to receipt of the Conversion Policy.

Date of Request:	Group Policy Number:
Name of Group Policyholder (Employer):	Name of Employer's Benefits Coordinator and Phone No.:

Type of Coverage:
☐ Basic Life Insurance ☐ Optional Life Insurance ☐ Dependent Life Insurance

Reason for Conversion Request:
☐ Retirement ☐ Group Policy Termination ☐ Other – Explain _____
☐ Termination of Employment ☐ Termination Due to Age _____

Insured's Full Name:		
Address:		
Employee Telephone Number:		
Date of Birth:	Date of Termination:	Social Security No.:
Sex: ☐ Female ☐ Male	Smoker: ☐ Yes ☐ No	Is Insured Disabled?: ☐ Yes ☐ No

COMPLETE THE FOLLOWING IF DEPENDENTS ARE INSURED UNDER THE GROUP POLICY

Spouse's Full Name:			
Date of Birth:	Social Security No.:	Smoker:	☐ Yes ☐ No
Child(ren) Full Name		Date of Birth	
			☐ Male ☐ Female
			☐ Male ☐ Female
			☐ Male ☐ Female

COMPLETE THE FOLLOWING FOR LIFE INSURANCE CONVERSION

	Amount of Insurance Under the Group Policy	Conversion Amount If Different
Insured:		
Spouse:		
Child(ren):		

SIGNATURE SECTION

Insured's Signature:	**Date Signed:**

BELOW IS TO BE COMPLETED BY NORTH AMERICAN BENEFITS OFFICE

Coverage Verified By (Name):	
Administrator: North American Benefits Company (NABCO)	