



SECURITY MUTUAL LIFE
 INSURANCE COMPANY OF NEW YORK
 SECURITY MUTUAL BUILDING • 100 COURT ST.
 P.O. BOX 1625 • BINGHAMTON, NY 13902-1625
 607-723-3551 • www.sm1ny.com

Security Mutual... Your Partner for Life.SM

NOTICE OF GROUP LIFE CONVERSION PRIVILEGE

To: _____
 (Name)

 (Policy No.) (Certificate No.) (Effective Date) (Date of Notice)

Your group life insurance in the amount of \$ _____ will terminate as of _____
 month day year

Your group life insurance was reduced from \$ _____ to \$ _____ as of _____
 month day year

You are hereby notified that the above policy contains a conversion privilege which will permit you, if eligible, to convert the amount of your group life insurance, that was terminated or reduced, to the extent therein provided, to an individual policy of life insurance.

Application forms and premium rates may be obtained by completing the applicable sections on the back of this form and mailing at once to:

SECURITY MUTUAL LIFE INSURANCE COMPANY OF NEW YORK
 GROUP DEPARTMENT – MAILSTOP 30-S
 P.O. BOX 1625
 BINGHAMTON, NEW YORK 13902

Under this conversion privilege, you are required to make written application for an individual policy and pay the first premium within 31 days from the date of termination (or reduction) shown above, however:

- A. If this notice is given to you more than 15 days but less than 90 days after the date of termination of Group coverage, the time allowed for the exercise of such privilege of conversion is extended for 45 days after the date of this notice.
- B. If this notice is given to you more than 90 days after the date of termination of Group coverage, the time allowed for the exercise of such conversion privilege shall have expired at the end of such 90 days.

Please refer to your Certificate (located in your handbook) for additional information regarding your conversion privilege.

Signed _____

 (Title)

Date: _____

THIS CONVERSION PRIVILEGE DOES NOT APPLY IF YOU VOLUNTARILY DISCONTINUED ANY REQUIRED PREMIUM CONTRIBUTION TOWARD THE COST OF YOUR GROUP LIFE INSURANCE.

I am interested in making application under the conversion privilege for an additional life insurance policy.

Please complete the following:

Full Name _____
First Middle Initial Last

Date of Birth: month _____ day _____ year _____

Male _____ Female _____

Home Address: _____
Street & No. or P.O. Box No.

City State Zip

Home Phone: () _____

(Employee Signature)

(Date Signed)

**THIS IS NOT AN APPLICATION
PLEASE DO NOT SEND ANY MONEY WITH THIS FORM.**