



**APPLICATION FOR CONVERSION OF
GROUP LONG TERM DISABILITY INSURANCE**

Liberty Life Assurance Company of Boston,
A Lincoln Financial Group Company

How To Apply: This form completed by the applicant, together with a check made payable to Liberty Life Assurance Company of Boston for the first quarterly premium and one time initial Application fee of \$25.00, must be received within 31 days after termination of group coverage at:

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON, A LINCOLN FINANCIAL GROUP COMPANY
c/o JHA Disability Conversion Service Center, P.O. Box 7146, Portland, ME 04112

TO BE COMPLETED BY THE APPLICANT		
1. Name (Last, First, Middle Initial)	2. Sex [] Male [] Female	3. Social Security Number
4. Home Address (Street, City, State, Zip)		5. Date of Birth
6. Are you on a leave of absence? [] Yes [] No	7. Are you disabled under the terms of the group plan? [] Yes [] No	
8. Are you currently unable to work due to a mental or physical condition? [] Yes [] No	9. Within 31 days of termination, have or will you become insured for long term disability insurance under another group insurance plan? [] Yes [] No	
10. Group LTD Plan Number:	11. Maximum Monthly Benefit under the plan: [] \$4,000	

Note: If the maximum monthly benefit amount under the group plan from which you are converting is less than the above/ then you will convert to that lesser amount.

I UNDERSTAND THAT ANY PERSON WHO KNOWINGLY OR WITH INTENT TO INJURE/ DEFRAUD/ OR DECEIVE AN INSURANCE COMPANY/ FILES A STATEMENT CONTAINING ANY FALSE/ INCOMPLETE/ OR MISLEADING INFORMATION MAY BE GUILTY OF A CRIMINAL ACT PUNISHABLE UNDER LAW.

THE STATEMENTS ABOVE ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I AGREE THAT THEY SHALL FORM A PART OF THE CONTRACT OF INSURANCE APPLIED FOR.

Signature of Applicant

Date

Upon approval of this application, a certificate of coverage will be sent directly to you at the address provided.
NOTE: Employer MUST complete information required on reverse side.

TO BE COMPLETED BY EMPLOYER		
1. Employer (Firm Name and Division)		2. Employer's Address (Street, City, State, Zip)
3. Group LTD Plan Number	4. Group LTD Plan Maximum Benefit	5. Has the group plan terminated? [] Yes [] No If so, as of what date?
6. Is the individual on a leave of absence? [] Yes [] No If so, as of what date?	7. Has the individual retired? [] Yes [] No If so, as of what date?	8. Are premiums paid to date for the individual under the group plan? [] Yes [] No If not, date to which premium is paid for:
9. Employee's Occupation at time of termination:	10. Has the group plan been amended to exclude from coverage the class of employees to which the individual belonged to? [] Yes [] No If so, as of what date? _____	
11. Date employee terminated employment:		12. Date applicant was last actively at work:
13. Reason for termination:		14. Employee's basic monthly earnings at time of termination: \$ _____
15. Was the individual covered under your present Group Plan or under a combination of your present and prior Group Plan for at least 12 consecutive months? [] Yes [] No* If yes, the individual's effective date of coverage: _____ Individual's date of hire: _____ *IF NO, THIS INDIVIDUAL IS NOT ELIGIBLE FOR LTD CONVERSION COVERAGE.		
16. The date notice of Conversion Privilege was given to the employee:		
17. Employer Representative Signature		Date:

This section is not a part of the application for conversion.

NOTE: EMPLOYEE MUST COMPLETE THE APPLICATION ON THE REVERSE SIDE.



CONVERTING YOUR GROUP LONG TERM DISABILITY INSURANCE

(Instructions)

Liberty Life Assurance Company of Boston, A Lincoln Financial Group Company

You may elect to purchase Long Term Disability coverage under the Liberty Group Long Term Disability Conversion Trust when you are no longer eligible to be insured under your employer's group plan due to termination of your employment and have been covered under such group plan for at least twelve months. The effective date of the converted coverage will be the date your coverage under your employer's group plan terminates, but only if your written application for insurance is:

- on Liberty's Application for Conversion of Group Term Disability Insurance;
- made within 31 days of the date you are no longer eligible under your employer's group plan; and
- remittance of premium and application fee has been received.

If you become insured under another employer's group plan within 31 days after termination and have already applied for conversion coverage, you are required to notify Liberty Life Assurance Company of Boston, A Lincoln Financial Group Company.

SECTION ONE **HOW TO APPLY:**

EMPLOYER:

When you learn that an employee is terminating, complete the section captioned TO BE COMPLETED BY EMPLOYER on the back side of the application and give this form to the employee.

EMPLOYEE:

1. Complete the attached application.
2. Be sure the application is signed and dated. Detach the application and attach to it your check made payable to Liberty Life Assurance Company of Boston, A Lincoln Financial Group Company
3. for the application fee and premium amount.
4. The application and check must be received *no later than 31 days after termination of your group disability insurance by:*

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON, A LINCOLN
FINANCIAL GROUP COMPANY, c/o JHA Disability Conversion Service Center
P. O. Box 7146 Portland, ME 04112

SECTION TWO **SOME REASONS WHY YOU CANNOT CONVERT:**

The conversion privilege is not available to you if -

- Your insurance under the employer's group plan terminates for any of the following reasons:
 - a. the group plan terminates;
 - b. the group plan is amended to exclude from coverage the class of employees to which you belong;
 - c. you no longer belong to a class of employees eligible for coverage under the group plan;
 - d. you retire. *(You retire when you receive payment from the employer's retirement plan as recognition of past services, OR you have concluded your working career.)*
- You failed to pay any required premium due.
- You are or become insured for Long Term Disability insurance under another employer's group insurance plan within 31 days after termination.
- You are disabled under the terms of the group plan.
- You recover from a disability and you do not return to work for this employer.
- You are currently unable to work due to a mental or physical condition.
- You are on a leave of absence.

SECTION THREE

SUMMARY OF LTD CONVERSION BENEFITS:

Your Amount of Insurance Benefits

Maximum & Minimum Amounts 60% of your last basic monthly earnings with the employer not to exceed Maximum Monthly Benefit Option=\$4,000
Minimum monthly benefit is the greater of:
(a) \$50.00; or
(b) 10% of the monthly benefit before deductions for other income.

Your Maximum Benefit Period

<u>Age at Disability</u>	<u>Maximum Benefit Period</u>
Less than age 60	To age 65, but not less than 5 years
60	60 months
61	48 months
62	42 months
63	36 months
64	30 months
65	24 months
66	21 months
67	18 months
68	15 months
69 and over	12 months

Your Maximum Benefit Period for Partial Disability

The monthly benefit for partial disability will not be paid beyond the 24th month after the end of the elimination period.

Your Elimination Period

180 days

General Exclusions

No coverage for disability due to:

- war, declared or undeclared, or any act of war;
- intentionally self-inflicted injuries; or
- active participation in a riot.

Mental Illness Limitation

Benefits for disability due to mental illness will not exceed 24 months of monthly payments unless you meet one of these situations:

1. You are in a hospital or institution at the end of the 24 month period. The monthly benefit will be paid during the confinement
If you are still disabled when discharged, the monthly benefit will be paid for a recovery period of up to 90 days.
If you become reconfined during the recovery period for at least 14 days in a row, benefits will be paid for the confinement and another recovery period up to 90 more days.
2. You continue to be disabled and become confined:
 - a. after the 24 month period; and
 - b. for at least 14 days in a row.

Termination Provisions

You will cease to be insured on the earliest of the following dates:

- the date the master policy terminates
- the end of the period for which your last premium for your insurance has been paid; or
- the date you retire. (*You retire when you receive payment from the employer's retirement plan as recognition of past services, OR you have concluded your working career.*)
- the date you become eligible for coverage under another group LTD policy

SECTION FOUR

CALCULATING PREMIUMS:

Premium rates For LTD conversion coverage, premiums will be remitted quarterly. The quarterly rates per \$100 of monthly benefit are:

<u>Age</u>	<u>Quarterly Rate</u>
Less than 25	\$1.67
25 - 29	\$2.52
30 - 34	\$3.87
35 - 39	\$5.97
40 - 44	\$7.32
45 - 49	\$10.80
50 - 54	\$17.15
55 - 59	\$21.14
60 and over	\$21.27

Plus a one-time non-refundable application fee of \$25.00. (NOTE: Not applicable to Florida residents.)

How to calculate your premium

EXAMPLE: Quarterly premium for an individual age 35 with basic monthly earnings of \$2,500.
 $60\% \text{ of } \$2,500 = \$1,500$; $\$1,500 \div 100 = 15$; $15 \times \$5.97 = \89.55

Quarterly mode is the only premium frequency available. Rates are not guaranteed and may be changed at any time with a 60-day notice.

Premium Worksheet

- _____ Current age
- _____ Quarterly rate (from premium rate table above, based on your age)
- \$ _____ Your last basic monthly earnings (item 14 in the Employer section on the application) under the group plan before termination
- \$ _____ Take 60% of the last basic monthly earnings. If this dollar amount exceeds \$4,000*, your benefit amount it will be limited to the \$4,000*. Insert \$4,000 on the left.
- \$ _____ Divide item 4 by 100
- \$ _____ Multiply item 5 by item 2. (This equals your quarterly premium amount.)
- \$ 25.00 Add the \$25.00 application fee. (NOTE: Not applicable to Florida residents.)
- \$ _____ Please remit this amount when submitting your application.

*If your employer's group plan maximum monthly benefit was less than \$4,000, use the same maximum monthly benefit as the group plan.

If you have any questions, you may contact the Disability Conversion Service Center of JHA, Inc. at the following number: 1-888-786-2688.