

Minnesota Term Life Conversion Information Request Form

ReliaStar Life Insurance Company
 PO Box 20, Minneapolis, Minnesota 55440
 A member of the ING family of companies

Instructions

Employer/Plan Administrator

This form should be completed and furnished to every person who has reached the end of their Minnesota 18 month continuation period.

Employee/member/spouse/dependent (person requesting information)

Complete the employee/member/spouse/dependent section and mail to the insurer at the address shown below within 31 days (see your certificate for applicable time period) of the date of termination of group coverage.

To be completed by Employer/Plan Administrator

Group policyholder or plan name		Policy plan number	Account number	Group Situs
Employee's/Member's name – Last		First	M.I.	Date of birth
Social Security number		Does policy have waiver provision?		Was ownership assigned?
Is employee/member disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", give date of disability		<input type="checkbox"/> Yes <input type="checkbox"/> No
Initial insurance effective date (with ReliaStar)		Employment termination date (if applicable)	Insurance termination date (DO NOT include grace period)	

Coverage terminating

<input type="checkbox"/> Employee/Member	<input type="checkbox"/> Dependent children (each)
Basic Amount \$ _____	Basic Amount \$ _____
Supplemental/Voluntary amount \$ _____	Supplemental/Voluntary amount \$ _____
Other \$ _____	Other \$ _____
Total amount eligible for conversion \$ _____	Total amount eligible for conversion \$ _____
<input type="checkbox"/> Dependent spouse	
Basic Amount \$ _____	
Supplemental/Voluntary amount \$ _____	
Other \$ _____	
Total amount eligible for conversion \$ _____	

This form will be <input type="checkbox"/> handed <input type="checkbox"/> mailed to employee/member/spouse/dependent _____ (date)		
Signature (employer/plan administrator)	Title	Company phone number

To be completed by employee/member/spouse/dependent (do not mail this form to insurer unless top portion is completed and signed by Employer/Plan Administrator).

Requestor's name – Last		First	M.I.	Relationship to employee/member	
Home address – Street			City	State	ZIP
Signature			Date	Home Phone number	

Your Group Insurance Benefits are terminating as indicated above. You may be eligible to convert to an individual life insurance policy by **mailing this form within 31 days (see your certificate for applicable time period) of such termination.**

Please read the Conversion Right in your group certificate to determine your eligibility. **Complete this form and mail without delay.** ReliaStar will send you a description of the conversion plan, premium rates and an application form.

Important Notice: This is not an application for conversion of your group life plan coverage. Receipt of this form does not guarantee your eligibility to convert your group coverage.

IF YOU DO NOT RECEIVE INFORMATION WITHIN 21 DAYS AFTER THE DATE YOU MAILED THIS FORM, PLEASE CALL (800) 955-7736.

Please mail to:

**ING Employee Benefits
 Group Conversions, Route 7942
 PO Box 20**

Minneapolis, Minnesota 55440-0020

Do not enclose payment with this form. Send the entire form, when completed, to the above address.

PREMIUM RATES FOR TERM LIFE CONVERSION POLICIES
Rates are based on annual premium per \$1,000 of insurance.

Age	Rate	Age	Rate	Age	Rate	Age	Rate
0	432	23	1.08	46	5.76	69	39.84
1	1.08	24	1.08	47	6.12	70	42.00
2	1.08	25	1.20	48	6.72	71	47.04
3	1.08	26	1.20	49	7.44	72	51.60
4	1.08	27	1.20	50	8.52	73	56.28
5	1.08	28	1.32	51	9.24	74	60.84
6	1.08	29	1.32	52	9.96	75	65.76
7	1.08	30	1.32	53	10.68	76	71.28
8	1.08	31	1.44	54	11.64	77	77.64
9	1.08	32	1.56	55	12.60	78	84.72
10	1.08	33	1.68	56	13.80	79	92.40
11	1.08	34	1.68	57	15.24	80	100.80
12	1.08	35	1.80	58	16.68	81	109.80
13	1.08	36	1.92	59	18.36	82	119.16
14	1.08	37	2.04	60	20.28	83	129.00
15	1.08	38	2.28	61	22.32	84	139.44
16	1.08	39	2.52	62	24.48	85	150.36
17	1.08	40	2.88	63	26.64	86	162.12
18	1.08	41	3.24	64	28.80	87	174.60
19	1.08	42	3.48	65	30.96	88	188.52
20	1.08	43	3.84	66	33.24	89	203.52
21	1.08	44	4.44	67	35.40	90	220.20
22	1.08	45	5.16	68	37.56		

Rates shown are guaranteed until the end of the first policy term period. Underwritten by ReliaStar Life Insurance Company, policy form 27-004MN.

TO DETERMINE YOUR PREMIUM

Multiply the number of thousands of insurance you wish by the corresponding rate for your age (nearest birthday).

EXAMPLE: John Jones has \$20,000 of Group Term Life Insurance. He wishes to convert \$10,000 of that insurance. His age (nearest birthday) is 40.

Annual premium = $\$2.88 \times 10 = \28.80 .