



Notice of Conversion Rights

Important Notice regarding your coverage: If you are an active employee, terminated employee, retiree or dependent who may be faced with losing all coverage or even a portion of your coverage under your employer's Group life plan(s), you and/or your dependents may be eligible to continue the lost amount of coverage without submitting evidence of good health. **You are receiving this notice as a result of experiencing one of the following events: your employment status has changed, marital status has changed, you or a dependent has experienced an age reduction or maximum age limit, you have retired or you have reached the end of an employer sponsored continuation provision. You have options to retain this important coverage that are explained below. The specific options available to you are based on the provisions as defined in the Group plan.** Included with this notice is a form you can submit to obtain additional information. You will receive details on the specific coverage options available to you, receive a quote, and the necessary forms to obtain coverage.

Life Conversion

The Life Conversion option provides the opportunity for you to obtain an individual life insurance policy that accumulates cash value and is offered at individual insurance rates. There are no mandatory age reductions and coverage can continue with premium payment until the Scheduled Maturity Date (standardly age 121) at which time the cash surrender value is paid to the insured.

If coverage is ending because The Hartford Group Life policy is terminating or coverage for a class of employees is terminating, some restrictions may apply. If coverage is ending for any other reason, you can generally convert up to the full amount of your terminating coverage. Conversion is also available to your dependents if they had coverage under your group plan. You may have the option for a one year term policy prior to the permanent life policy becoming effective. Please refer to The Hartford Group Life policy for information. **Premiums for a Life Conversion policy are substantially higher than your Employer Group plan rates.**

Attached is a form that contains additional information about continuing coverage. You can use this to request a quote and the necessary form(s) to enroll.

Please note that there is a designated timeframe during which you can exercise your coverage continuation options. This request must be received by The Hartford within 91 days from the employee's group coverage termination date. Requests received more than 91 days after the employee's group coverage terminates will be denied. Any issues regarding late notification by your employer must be addressed with your employer.

If you have questions about this information, your eligibility, or the status of any request you have submitted, please call a representative at **1-877-320-0484**.

The Hartford, Portability and Conversion Unit
P.O. Box 248108
Cleveland, OH 44124-8108

Fax 1-440-646-9339

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to terms and conditions of the policy. Policies underwritten by the issuing companies listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued.



Frequently Asked Questions

Q: If I request a quote, how does The Hartford determine the amount of coverage to quote?

A: The Hartford will contact your employer to obtain the amount of coverage you had in effect under the group plan. The quote is based on this amount as well as applicable plan provisions.

Q: If I receive a quote for coverage, does this mean I qualify for the coverage amount quoted?

A: The amount quoted is not a guarantee that a policy will be issued in that amount. Upon receipt of your application for coverage, The Hartford will perform an eligibility review to determine if the amount of coverage you have requested can be granted based on the coverage you had in effect under the group plan as well as plan provisions.

Q: What is my policy effective date?

A: The effective date of a Life Conversion policy is the 32nd day following the group coverage termination date.

Q: If my application for coverage is not approved by the effective date, am I still covered?

A: Yes, if your application is approved, the effective date of your policy will be retroactive to the date indicated above.

Q: I understand that there is no medical underwriting or physical exam required but can I still be denied for coverage?

A: Your request for coverage can be denied if you do not meet the timeliness requirement. You must mail or fax this form to request information within 91 days from the employee's group coverage termination date. **This request must be received by The Hartford within 91 days from the coverage termination date. Requests received more than 91 days after the employee's group coverage terminates will be denied.** Coverage can also be denied if it exceeds the amount you had in effect under your employer's Group plan or if it does not align with your employer's plan provisions. In addition, any request for coverage that is not available under your employer's Group plan will also be denied.

Q: If I start to work for a new employer and obtain coverage under that employer's Group plan, will that Group coverage impact any conversion policy that I may have purchased?

A: If you obtain coverage under a new employer's Group plan, your conversion policy will remain in effect provided you continue to pay the required premiums. However, benefits payable under conversion policies may be affected by the amount of your other coverage.

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Employer: _____ Policy #: _____

The following information is to be completed by Employer or Employer Representative

Employee Name: _____ Employee ID#: _____ Date: _____

Last Day Worked (or date employee is no longer in an eligible class): _____

Date of Group Coverage Termination: _____ Termination Reason: _____

Signature _____ Print Name _____

Email Address _____ Telephone _____

As noted in the descriptive information, Life Conversion is available without submission of evidence of good health. The rates for Life Conversion will be substantially higher than your employer Group plan rates.

**Employee: To request a specific quote and application, please complete the information below and mail or fax this entire page to: The Hartford, Portability and Conversion Unit, P.O. Box 248108, Cleveland, OH 44124-8108
Fax 440-646-9339, Phone 877-320-0484**

Yes, I am interested in receiving the information checked below.

12 month Term/Whole Life Conversion Quote/Application (12 month only available for groups situated in NY & WV)

Please print the following information:

Name: _____ Date of Birth: _____

Social Security # (indicate last 4 digits only): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email: _____

I am interested in receiving information for the following persons:

Myself My Spouse My Child(ren)

Please print the name(s), relationship, and date(s) of birth for each dependent who may be eligible for coverage. Include an additional sheet if necessary.

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Name: _____ Relationship: _____ Date of Birth: _____

Please note that there is a designated timeframe during which you can exercise your coverage continuation options. This request must be received by The Hartford within 91 days of the date that group coverage terminates under the employee's former group plan. Requests received more than 91 days after group coverage terminates will be denied. Any issues regarding late notification by your employer must be addressed with the employer.

Signature (required)

Date

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