

Now is the Time...

...to convert your group accidental death insurance to an individual policy.

This document outlines the conditions under which a person no longer eligible for insurance under a CIGNA Group Policy may convert to an individual policy affording Accidental Death and Dismemberment (AD&D) benefits...including Family coverage.

Take advantage of this opportunity NOW!



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(CIGNA Admin)

Now is the Time!

Because...

YOU UNDERSTAND the value of Accident Insurance. You've been enrolled in a group accident insurance plan (AD&D) with CIGNA, secure in the knowledge that your family will have the advantage of financial assistance in the event an accident results in death or dismemberment.

Because...

WE UNDERSTAND your interest in continuing Your Accident Insurance Protection without interruption. If you are under age 70, CIGNA is providing this opportunity to convert all or part of your current AD&D benefit, when your group accident insurance coverage terminates because you have ceased to be eligible (except for age) or you have terminated employment with the policyholder. You may also convert if the group accident insurance policy has been terminated or amended to terminate insurance for your class, and you have been covered under your current group accident insurance plan for at least five years.

Because...

IT'S EASY TO CONVERT TO INDIVIDUAL COVERAGE. You can secure a new, individual accident insurance policy without medical certification, for yourself —and for your eligible family members.

You simply apply within 62 days of your group insurance coverage end date or within 31 days of the date of your letter notifying you of your conversion options, whichever is later, but in no event will an application be accepted beyond 105 days of your group insurance coverage end date. A copy of your notification letter must be included when submitting your application and premium payment.

You can provide continued peace of mind to yourself and your family. You can easily convert your group accident insurance to individual accident coverage. ***Now is the time!***

Your Converted Policy...

will be effective on the day following the date coverage ended under your group insurance policy or, the date of your application, if later. The insurance pays for loss caused by, and occurring within one year after, a covered accident: .

Loss of

| | |
|---|---------------------------|
| Life..... | Principal Sum |
| Two or more members*..... | Principal Sum |
| One Member..... | One-Half Principal Sum |
| Thumb and index finger of same hand.... | One-Quarter Principal Sum |

*"Member" means hand, foot or eyesight.

Only one amount, the largest to which you are entitled is payable for all losses resulting from one accident.

General Information

The policy is renewable with Company consent until you reach age 70. The Company may change renewal premium rates only on a class basis, not an individual basis.

You may cancel at any time after the policy's original term.

If you are insured under more than one CIGNA group contract with your present employer, you may convert each but a separate application should be completed for each conversion.

Note: This individual accident insurance is not available if the Company has already issued you an individual AD&D policy converted from this employer's plan.

Family Plan

Under the Family Plan, you may insure a spouse under age 70 and your dependent child/ren (including step, foster and legally adopted children – and children whose adoption procedures are pending) – under 19 years of age...or until age 25, if they are full-time students, dependent on you for support and maintenance. Coverage will be extended for any dependent child who, upon reaching the stated maximum age, is mentally or physically incapable of self-sustaining support and who is dependent upon you for support and maintenance.

Selection of Your Principal Sum

The amount you may apply for is dependent upon the reasons the current group insurance policy or any portion of it ended. Below is eligibility information on what you may apply for based on the reasons your group accident plan is ending. Please refer to the eligibility rules that apply to you.

If your insurance or any portion of it ends for any of the following reasons:

- a. employment or membership ends;
- b. eligibility ends (except for age)

You may apply for an amount of coverage that is:

- a. in \$1,000 increments
- b. not less than \$25,000, regardless of the amount of insurance under the group accident policy; and
- c. not more than the amount of insurance you had under the group accident policy, except as provided above, up to a maximum amount of \$250,000.

If your insurance ends because:

- a. the current group accident plan is terminated or is amended to terminate insurance for your class, and
- b. you have been covered under this group accident plan for at least five years.

You may apply for an amount of coverage that is limited to the lesser of:

- a. the amount for which you were previously insured under the group accident policy less any amount of group insurance for which you are eligible within 31 days of termination of your group accident policy; or
- b. \$10,000

If you insure your spouse and/or dependent child/ren under the Family Plan, the amount of insurance applicable to members of the family is based on the composition of the family at the time of loss, and is expressed as a percentage of your Principal Sum, as follows:

- 1) At the time of loss the family consists of You, Your Spouse and Dependent Children
 - Employee.....100%
 - Spouse.....40%
 - Each Child.....10%
- 2) At time of loss the family consists of You and Your Spouse but NO Dependent Children
 - Employee.....100%
 - Spouse.....50%
- 3. At time of loss the family consists of You and Your Dependat Child/ren but NO Spouse
 - Employee.....100%
 - Each Child.....15%

Example: Under the Family Plan, your benefit is \$100,000.
The family consists of you, your spouse, and three children.

| | |
|---------------------------|--------------|
| Your Amount..... | \$100,000.00 |
| Your Spouse's Amount..... | 40,000.00 |
| Each Child's Amount..... | 10,000.00 |

Limitations and Exclusions

The policy does not pay for loss resulting from intentionally self-inflicted injuries; suicide (in Missouri, while sane); declared or undeclared war or act of war; accident occurring while serving on full-time duty in the Armed Forces for more than 30 days (premiums will be prorated and returned for such period); commission of a felony by an insured; sickness, disease, bodily or mental infirmity, or medical or surgical treatment thereof or bacterial or viral infection, regardless of how contracted. This does not include bacterial infection that is the natural and foreseen result of an external cut or wound, or accidental food poisoning.

Air travel is included while the insured person is traveling as a *passenger only*, in any plane, including AMC (Air Mobility Command) or similar service of another country – but excluding travel in experimental or testing aircraft, or aircraft designed for use beyond the earth’s atmosphere; hang gliding; parachuting (except for self-preservation); and while serving as a pilot, crewmember, or student taking a flying lesson, in any aircraft.

Your Costs

The rates shown below are for persons in Class I Occupational Classifications – i.e., individuals who are engaged in the less hazardous occupations such as executives, managers, salesmen, accountants, lawyers, physicians, surgeons. If your occupation falls into a more hazardous classification, CIGNA, upon receipt of your application, will inform you of the rates that apply.

Accidental Death and Dismemberment Annual Premium Schedule

| UNDER AGE 65 | | |
|----------------------------|---------------------|-----------------------------|
| PRINCIPAL SUM * | INSURED ONLY | INSURED & FAMILY |
| \$10,000 | \$12.50 | \$18.00 |
| 25,000 | 31.25 | 45.00 |
| 50,000 | 62.50 | 90.00 |
| 100,000 | 125.00 | 180.00 |
| 150,000 | 187.50 | 270.00 |
| 200,000 | 250.00 | 360.00 |
| 250,000 | 312.50 | 450.00 |
| AGE 65 UNTIL AGE 70 | | |
| PRINCIPAL SUM* | INSURED ONLY | INSURED & FAMILY |
| \$10,000 | \$18.50 | \$27.50 |
| 25,000 | 46.25 | 67.50 |
| 50,000 | 92.50 | 135.00 |
| 100,000 | 185.00 | 270.00 |
| 150,000 | 277.50 | 405.00 |
| 200,000 | 370.00 | 540.00 |
| 250,000 | 462.50 | 675.00 |

* See the section labeled “**Selection of Your Principal Sum**” to determine the Principal Sum you are eligible to apply for.

If your terminating Principal Sum is not shown in the schedule above you can calculate your premium as follows:

To Calculate Your Premium

Example: If the Principal Sum on your terminating group accident policy is \$75,000,

Under Age 65

Insured Only: \$75 (\$75,000 divided by 1,000) multiplied by **1.25 per year**** equals \$93.75 of annual premium.

Insured & Family: \$75 (\$75,000 divided by 1,000) multiplied by **\$1.80 per year**** equals \$135.00 of annual premium

Age 65 Until Age 70

Insured Only: \$75 (\$75,000 divided by 1,000) multiplied by **1.85 per year**** equals \$138.75 of annual premium.

Insured & Family: \$75 (\$75,000 divided by 1,000) multiplied by **\$2.70 per year**** equals \$202.50 of annual premium.

**Rate per \$1,000 per year.

If you wish to pay the premium semiannually or quarterly, please note:

For a Principal Sum of \$50,000 or more you may pay the premium semiannually by dividing the annual premium by 2.

For a Principal Sum of \$100,000 or more, you may pay the premium quarterly by dividing the annual premium by 4.

Example: If your Principal Sum is \$100,000, you have the family coverage and your attained age is 55,
Total Quarterly Premium for *You and Your Family* = \$45.00.

Note: The completed application and premium must be sent to the address shown below within 62 days of your group coverage end date or within 31 days of the date of your letter notifying you of your options, whichever is later, but in no event will an application be accepted beyond 105 days from your group coverage end date. A copy of your notification letter must be included when submitting your application and premium payment

If you have any questions or need assistance in completing the application, please call our toll-free number 1-800-441-1832, Option 1 (TDD 1-800-552-5744), Monday through Friday, 8:00 am to 6:00 pm (EST).



APPLICATION

for conversion of accidental loss of life, limb or sight coverage to an individual policy

This Part of the Application must be Completed by Proposed Insured

Full Name _____ Social Security Number _____

Address _____

Date of Birth _____ Former Occupation _____ Present Occupation _____

Describe Present Duties _____

Converted Amount*: _____ Coverage Accidental Death and Dismemberment Family Coverage Yes No

I wish to pay premiums: Annually Semiannually Quarterly

My check in the amount of \$ _____ is enclosed.

Insured's Beneficiary: Loss of life benefits will be paid to:

(Print full name of beneficiary and relationship to you) _____

Spouse's Beneficiary: Loss of life benefits will be paid to the insured. All other benefits will be paid to the spouse.

Child's Benefits: Loss of life and all other benefits will be paid to the insured.

I have read the above statements and agree that they are accurate and complete to the best of my knowledge and belief. I understand that this insurance will be issued on reliance upon such statements.

Signature of Proposed Insured _____ Date _____

Note: A copy of your letter notifying you of your conversion options must be provided with your completed form. If a copy is not provided, processing will be delayed.

COMPLETE THIS APPLICATION AND MAIL IT ALONG WITH YOUR CHECK TO:

Please refer to your letter notifying you of your conversion and portability options to obtain the Insurance Company name associated with your group accident insurance policy to determine the address to send your application and initial premium payment. Your check or money order should be made out to the appropriate Insurance Company.

Insurance Company
Life Insurance Company of North America
P.O. Box 8500
S-6020
Philadelphia, PA 19178-6020

Insurance Company
CIGNA Life Insurance Company of New York
Lockbox #7941
P.O. Box 8500
Philadelphia, PA 19178-7941

ALL Overnight Payments can be sent to:
CIGNA
Attn: Individual Conversion Unit
1455 Valley Center Parkway
Bethlehem, PA 18017

IF THE PROPOSED INSURED HAS PREVIOUSLY ASSIGNED OWNERSHIP OF HIS/HER POLICY TO ANOTHER PERSON FOR ESTATE TAX PURPOSES -- OR NOW WISHES TO DO SO -- BOTH THE PROPOSED INSURED AND THE OWNER MUST SIGN THIS PART OF THE APPLICATION.

The answers to the questions contained in the application have been made by the proposed insured at the request and on the behalf of the proposed Owner, and insurable interest in the proposed insured exists on the part of not only the proposed Owner but also the beneficiary or beneficiaries designated in the application, which designation is that of the proposed Owner.

The proposed Owner adopts as a part of the application all of the statements and answers of the proposed Insured.

The proposed Insured agrees and understands that the proposed Owner, as assignee of all the proposed insured's rights, privileges and interests under a group, blanket or individual policy, inclusive of a Conversion Privilege thereunder, is hereby exercising said Conversion Privilege and that all right, title and interest under the converted policy for which this application is submitted will become vested in the person named herein as proposed Owner.

If any interest or payment shall not vest in the proposed Owner, or in the beneficiary or beneficiaries designated hereunder, such interest or payments shall not revert to the proposed Insured or his/her estate but shall become payable in such shares and to such persons as may be entitled to take from him/her under the intestate law of the state of the Insured's residence at the time of death.

Name of Proposed Owner _____

Address _____

City & State _____

Relationship to Proposed Insured _____

Dated at _____ this day of _____
(month) (date) (year)

Signature of Proposed Owner _____

Signature of Proposed Insured _____