

Dearborn Life Insurance Company

Premium Calculation Worksheet For Conversion from Group Life to Individual Whole Life Policy

Premiums are payable to age 98 or death, whichever occurs first. For information about the amount you are eligible to convert, please refer to the Conversion of Life Insurance provision of your group life insurance certificate or the group policy. Our minimum issue amount is \$2,000.

To calculate your premium, find your present age and the corresponding **table rate per \$1,000** from the columns below. Multiply this premium by the number of thousands of dollars of insurance you plan to convert. Then multiply by the premium factor and add the modal policy fee to find your premium payment.

Last Birthday	Table Rate Per Thousand	Last Birthday	Table Rate Per Thousand	(√)	Mode Desired	Premium Factor	Modal Policy Fee
20.....	6.51	60.....	47.79	<input type="checkbox"/>	Annual.....	1.000	\$17.00
21.....	6.86	61.....	50.70	<input type="checkbox"/>	Semi-Annual.....	.520	\$9.00
22.....	7.09	62.....	53.72	<input type="checkbox"/>	Quarterly.....	.265	\$5.00
23.....	7.42	63.....	56.86	<input type="checkbox"/>	EFT Monthly.....	.08583	\$0.00
24.....	7.76	64.....	60.23		(Sign below & attach voided check)		
25.....	8.10	65.....	63.84		Enclose the Modal Premium amount with your application.		
26.....	8.56	66.....	67.67		<div style="border: 1px solid black; padding: 10px; text-align: center;"> For clarification, contact DEARBORN LIFE INSURANCE COMPANY Attn: Department 6006 1020 31st Street Downers Grove, IL 60515 1-800-721-7987 </div>		
27.....	8.90	67.....	71.74				
28.....	9.22	68.....	76.05				
29.....	9.68	69.....	80.47				
30.....	10.13	70.....	85.24				
31.....	10.58	71.....	90.70				
32.....	11.03	72.....	96.55				
33.....	11.59	73.....	102.77				
34.....	12.14	74.....	109.38				
35.....	12.70	75.....	116.41				
36.....	13.25	76.....	123.90				
37.....	13.92	77.....	131.94				
38.....	14.58	78.....	140.61				
39.....	15.23	79.....	150.02				
40.....	15.89	80.....	160.20				
41.....	16.77	81.....	171.21				
42.....	17.76	82.....	183.01				
43.....	18.73	83.....	195.57				
44.....	19.71	84.....	208.90				
45.....	20.79	85.....	223.10				
46.....	21.97	86.....	282.86				
47.....	23.14	87.....	342.62				
48.....	24.53	88.....	402.38				
49.....	25.90	89.....	462.15				
50.....	27.36	90.....	521.91				
51.....	28.92	91.....	581.67				
52.....	30.56	92.....	641.43				
53.....	32.28	93.....	701.19				
54.....	34.10	94.....	760.95				
55.....	36.10	95.....	820.72				
56.....	38.10	96.....	880.48				
57.....	40.30	97.....	940.24				
58.....	42.68	98.....	1,000.00				
59.....	45.16						

EFT Authorization: Check one:

☐ Checking ☐ Savings

Account #

I hereby authorize and request Dearborn Life Insurance Company to withdraw funds from my account and transfer those funds in payment for my monthly premium, and to initiate debit entries, if necessary, for any credit entries made in error. This authorization is to remain in full force until I notify Dearborn Life Insurance Company in writing of any changes or cancellation of payment. I understand that to change or cancel any future transactions, such notice must be received not less than ten business days prior to the transaction date.

Signature of Account Holder
(Please attach voided check)

Example: Conversion of \$10,000 Group Life for a 45-year old to \$10,000 Whole Life Plan payable quarterly:

Example:

Table Rate	X	# of Thousands To Be Converted	X	Premium Factor	+	Modal Policy Fee	=	Modal Premium
20.79	X	10.000	X	0.265	+	5.00	=	60.10

Your Calculations:

Table Rate	X	# of Thousands To Be Converted	X	Premium Factor	+	Modal Policy Fee	=	Modal Premium
_____		_____		_____		_____		\$ _____

Dearborn Life Insurance Company

Application to Convert Group Life Insurance

Mail to Dearborn Life Insurance Company at:

Phone Number: (800) 721-7987

Attn: Department 6006

1020 31st Street

Downers Grove, IL 60515

Upon becoming ineligible for group insurance, e.g., leaving employment, you may convert your Group Life Insurance coverage to an Individual Whole Life Insurance policy. This can be done regardless of your current health. For information about the amount you may convert or how long you have to convert, see either your certificate or group policy.

To apply:

1. Complete Part 2 of this conversion application. Be sure your Employer has completed Part 1. Premium rates and instructions are shown on the reverse side.
2. Mail the completed application with your check or money order for the first modal premium to the above address.

Part 1: TO BE COMPLETED BY EMPLOYER

Group Number F019122			Reason for Termination <input type="checkbox"/> Termination of employment or membership in eligible class <input type="checkbox"/> Termination of Group Policy and Date Term'd <input type="text"/> <input type="checkbox"/> Disability <input type="checkbox"/> Other (Specify) <input type="text"/>	
Date Employment Term'd <input type="text"/>	Date Coverage Terminated <input type="text"/>	Last Actual Day of Work <input type="text"/>		Amount of Group Insurance <input type="text"/>
Name of Employer Providing Group Policy City of Houston		Annual Salary <input type="text"/>		Insurance Class <input type="text"/>
Signature of Policyholder's Representative/Title <input type="text"/>		Telephone Number <input type="text"/>		Date Signed <input type="text"/>

Part 2: TO BE COMPLETED BY INSURED Please type or print with ball point pen

I hereby apply to convert my life insurance and affirm the following statements of fact:

NAME IN FULL <input type="text"/>		SOCIAL SECURITY NUMBER <input type="text"/>	TELEPHONE NUMBER <input type="text"/>	GROUP POLICY NO. <input type="text"/>	
RESIDENT ADDRESS STREET <input type="text"/> CITY <input type="text"/> STATE <input type="text"/> ZIP CODE <input type="text"/>					
SEX <input type="text"/>	DATE OF BIRTH <input type="text"/>	AGE LAST BIRTHDAY <input type="text"/>	STATE OF BIRTH <input type="text"/>	LAST DATE OF ACTIVE WORK <input type="text"/>	PRESENT OCCUPATION <input type="text"/>
AMOUNT OF INSURANCE TO BE CONVERTED <input type="text"/>	PREMIUM MODE <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> EFT Monthly*		First full modal premium must be submitted with application Premium Enclosed \$ <input type="text"/>		Automatic Premium Loan Provision Desired? <input type="checkbox"/> Yes <input type="checkbox"/> No

BENEFICIARY DESIGNATION

Primary	FIRST NAME <input type="text"/>	LAST NAME <input type="text"/>	ADDRESS <input type="text"/>	SOCIAL SECURITY NO <input type="text"/>	DATE OF BIRTH <input type="text"/>	RELATIONSHIP <input type="text"/>
	FIRST NAME <input type="text"/>	LAST NAME <input type="text"/>	ADDRESS <input type="text"/>	SOCIAL SECURITY NO <input type="text"/>	DATE OF BIRTH <input type="text"/>	RELATIONSHIP <input type="text"/>

If more space is need 1) use extra paper 2) mark able "See Attached" 3) attachment MUST be signed and dated by Policy Owner.

Is the owner to be other than the insured? ☐ Yes ☐ No

FIRST NAME <input type="text"/>	INITIAL <input type="text"/>	LAST NAME <input type="text"/>	RELATIONSHIP <input type="text"/>
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Address of Owner, if other than Insured:

No. & Street <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
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The Owner is the person who may exercise all rights in the contract, e.g., assign, surrender, borrow. If no one is named, the Insured shall be the Owner.

I declare that the information on this application is complete and true, to the best of my knowledge and belief. I agree that the Company may deposit the payment submitted with this application prior to approval of this application. If I am not eligible to convert my Group Insurance, the sole obligation of the Company shall be to refund any premiums paid.

Signed At City <input type="text"/>	State <input type="text"/>	on Mo <input type="text"/> Day <input type="text"/> Year <input type="text"/>	Signature of Applicant <input type="text"/>
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*EFT (Electronic Funds Transfer - Sign on back and attach voided check)

Signature of Owner (Other than Insured)