

RELIANCE STANDARD LIFE INSURANCE COMPANY

APPLICATION FOR CONVERSION TO INDIVIDUAL ACCIDENT POLICY

This form must be completed in full and submitted to Reliance Standard Life Insurance Company within 31 days following date of termination of insurance.

SEND TO: AmWINS Group Benefits, LLC.
P.O. Box 152501 Irving, TX 75015-2501
AmWINS Email: irvcustomerservice@amwins.com.
Fax number: 1-469-417-1675. Phone number: 800-268-4887

VERIFICATION OF INSURED PERSON'S ELIGIBILITY FOR CONVERSION OF GROUP VOLUNTARY ACCIDENT INSURANCE

To be Completed by Policyholder

Date _____

1. Insured Person's full name _____
(Please Print)
2. Insured Dependent Spouse's full name, if applicable _____
(Please Print)
Insured Dependent Children's full names, if applicable _____
(Please Print)
3. Group Policy No. _____
4. Name of Group Policyholder _____
5. Federal Employer Identification No. _____ Branch or Location _____
(if different from 4)
6. Date of Termination of Insurance _____
Reason _____
7. If Employment Termination, Date Person last worked _____
8. If (6) & (7) differ, please explain _____
9. Amount of Group Insurance in force on this individual under the Group Policy on date of termination of insurance: \$ _____
10. Amount of Group Insurance in force on Dependents under the Group Policy on date of termination of insurance, if applicable: Spouse \$ _____ Child(ren) \$ _____
11. Verified by _____

I have reviewed the information set forth, and certify that it is true and correct.
(Signature and title of authorized individual)

**APPLICATION FOR CONVERSION
To Be Completed By Insured**

Application is hereby made for conversion to an individual accident policy. I desire to convert \$ _____ of my accident insurance to an individual policy. I desire to convert \$ _____ of insurance for my dependent spouse and \$ _____ of insurance for my dependent children to an individual policy, if applicable. Enclosed is my check for the annual premium, made out to Reliance Standard Life Insurance Company, in the amount of \$ _____.

