

NOTICE OF LIFE INSURANCE CONVERSION PRIVILEGE AND REQUEST FOR APPLICATION

The Guardian Life Insurance Company of America

NAME OF PLAN: House Staff Benefits Plan	GROUP PLAN #: G348692	DATE:
ADDRESS OF PLAN: 10-27 46 th Ave, Suite 300-2, Long Island City, NY 11101		
LIFE INSURANCE AMOUNT: \$150,000		
NAME OF HOUSE STAFF MEMBER:	BIRTH DATE:	
ADDRESS OF EMPLOYEE (STREET, CITY, STATE, ZIP):	COUNTY:	
EFFECTIVE DATE OF COVERAGE:		

EMPLOYEE TERMINATION

As your employment coverage terminated on _____ your Group Insurance has been discontinued. Under the conversion privilege contained in the Group Plan and described in your certificate booklet, you may convert your Group Life Insurance to an individual policy covering you and your qualified dependents.

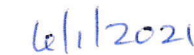
DEPENDENTS NO LONGER ELIGIBLE FOR GROUP COVERAGE

As your coverage under the Group Plan terminated on _____ conversion may be made to an individual policy under the following conditions:

1. an unmarried child upon attainment of the limiting age to cover himself or herself
2. a spouse upon death of insured employee to cover such spouse and dependent children
3. a spouse upon legal divorce or separation from insured employee to cover such spouse and dependent children
4. employee termination of coverage

Note to the Insured: to apply for conversion, review this form to be sure it is complete, sign and date the form in the space indicated below and then return it to The Guardian Life Insurance Company of America.


Signature of Plan holder


Date

Signature of Insured

Date

Mailing address:
Guardian Insurance
Attn: National Conversions Department
PO Box 8070
Appleton, WI 54912-8070

Overnight/Priority Mailing address:
Guardian Insurance
2300 E Capitol Drive
Appleton, WI 54912-8070

Email:
National_Conversions@glic.com
Fax:
(920) 749-6219