

You may be eligible for conversion to an individual life insurance policy. Conversion is subject to the limitations and conditions of the conversion provision contained in: the Group Master Term Life Insurance Policy and described in your Certificate; your policy; or term rider (no AD&D or Waiver of Premium benefits will convert). You will not be required to provide proof of good health. A separate Policy Service Request for Conversion (Form 6016 C) will be required for each person requesting conversion.

#### **Group Term Life**

You may convert as little as \$1,000 of your Group Life Insurance or you may convert all, but not more than, the benefits you had under your Group policy as certified by your Company Personnel Representative.

#### **Voluntary Benefits Term Life and Individual Term Life (Including Spouse and Child Term Riders)**

You may convert any amount up to the face amount of your term coverage according to the terms of your policy/certificate/rider.

### **Who is Eligible to Apply For Conversion**

#### **Group Term Life**

A Covered Person is entitled to conversion if his or her group life insurance, or any portion of it, terminates because the Insured is no longer:

- employed, or
- a member of a Covered Class.

A covered Spouse or covered Child is also entitled to conversion when:

- the Insured dies, or
- the Spouse or Child is no longer eligible for coverage under the Group Master Policy.

A Covered Person insured for at least five (5) consecutive years (or other time period as stated in the Group Term Life Insurance Policy) is entitled to conversion if the Group Term Life Insurance Policy terminates or is amended to terminate his or her class of coverage.

#### **Voluntary Benefits Term Life and Individual Term Life (Including Spouse and Child Term Riders)**

You may apply for conversion of any or all of your term life coverage, according to the terms of your policy/certificate/rider.

### **When to Apply For Conversion**

#### **Group Term Life**

You may apply for the Conversion Option within 31 days (or other time period as stated in the Group Term Life Insurance Policy) after your coverage terminates for any of the following reasons:

- Insured's Death or Termination of Employment
- Loss or Decrease in coverage due to Class Change
- Spouse or child no longer eligible under Group Master Policy
- Termination of Group Master Policy (Any policy issued under this Conversion provision will be in an amount not exceeding the amount of life insurance that ceases, less the amount of any life insurance for which the person becomes eligible under the same or any other group policy within thirty-one (31) days after termination.)

#### **Voluntary Benefits Term Life and Individual Term Life (Including Spouse and Child Term Riders)**

Conversion may be requested according to the terms of your policy/certificate/rider. Coverage will be required to be converted in order to continue in the event of: the primary insured's death, divorce (spouse only), or reaching the maximum coverage age (children only).

### **Required Signatures**

A Policy Service Request for Conversion (Form 6016 C) is required, with signature, for each covered person applying for conversion. Signature is required for anyone age 18 and older requesting conversion. The signature of the policyholder is also required, if different.

The person authorized on the Bank Account must sign the Bank Draft Information Sheet.

## When Coverage Becomes Effective

For all lines of business, the effective (issue) date will be the day after the termination date. Termination is considered either the last day of employment (Group Term Life); the paid-to-date of the current coverage (Voluntary Benefits or Individual coverage); or the date conversion is requested if term coverage is terminated (Voluntary Benefits or Individual coverage).

For example:

- › **Group Term Life** - John leaves ABC company on April 10 and requests conversion of his Group Term Life. His Conversion policy will have an effective date of April 11.
- › **Voluntary Benefits or Individual (current)** - Sue completes, signs and dates her conversion request on May 2. Her term coverage has a paid-to-date of June 1. Her Conversion policy will have an effective date of June 1.

## How to Request Conversion

1. Complete the Policy Service Request for Conversion (Form 6016 C) in its entirety.  
(Automatic Premium Loan Provision allows Kanawha Insurance Company to pay a delinquent premium if cash value is available. A “yes” answer could prevent an inadvertent lapse.)  
The Special Request line may be used to request the continuation or cancellation of remaining term insurance and/or additional benefits.
2. Calculate the necessary premium by using the attached Rates with the Term Life Conversion Calculation sheet or call 1-877-378-1505.

## Completing Term Life Conversion Calculation Sheet

The Term Life Conversion Calculation Sheet (see next page) should be used to determine your first premium. Please use the example listed for further explanation.

1. List your Issue Age in the Issue Age box on the Term Life Conversion calculation sheet. Issue Age is determined by your age as of the Issue Date of the conversion policy. [See "When Coverage Becomes Effective" on page 1 of the instructions.]
2. Mark an “X” by the Billing Mode of your choice. If you choose Electronic Funds Transfer, attach a voided check with the Bank Draft authorization and return with your Group Life Conversion Calculation Sheet and your Group Life Conversion Application.  
(Electronic Funds Transfer is an automatic transfer of money from your checking or savings account in order to make premium payments.)
3. List the Amount of Insurance for which you are applying on line 1.
4. Determine the Number of Units by dividing your Amount of Insurance by 1,000. List this amount on line 2.
5. Based on your tobacco-use status and Issue Age, locate the Mode Premium per Unit and list the amount on line 3. Tobacco-use status is determined by your original coverage. For all Group Term Life conversions, uni-tobacco rates will be used.
6. To obtain the Mode Premium, multiply the Number of Units (line 2) by the Mode Premium per Unit (line 3), and list the amount on line 4.
7. On line 5, list the amount of the Policy Fee.
8. Add the Mode Premium (line 4) and the Policy Fee (line 5) and list the amount on line 6. The amount on line 6 is the Total Premium amount to be submitted with your Policy Service Request for Conversion.
9. Return the completed Request for Conversion, the Term Life Conversion Calculation Sheet, the signed Bank Draft Authorization, a voided check, and total premium to the following address:

Kanawha Insurance Company  
New Business Dept. 77  
P. O. Box 7777  
Lancaster SC 29721-7777

## If You Have Questions

If you have any questions, you may contact Kanawha’s Customer Service Department at 1-877-378-1505.

# Term Life Conversion Calculation Sheet\*

Example:

**\*\*Issue Age:** 50  
**Gender:** Male  
**Tobacco:** Yes  
**Amount of insurance:** \$20,000  
**Billing Mode:** Monthly Bank Draft

## Calculation chart

### EXAMPLE

Issue Age	<input type="text" value="50"/>	
	<b>Mode</b>	<b>Policy Fee</b>
Billing Mode:	<input checked="" type="checkbox"/> Bank Draft (Monthly)	\$2.13
(1)	Amount of insurance	<input type="text" value="\$20,000"/>
(2)	Number of Units <i>(1) divided by 1,000; do not round</i>	<input type="text" value="20"/>
(3)	Mode Premium Per Unit <i>(See attached charts)</i>	<input type="text" value="5.13"/>
(4)	Mode Premium <i>(2) times (3); round to nearest cent</i>	<input type="text" value="\$102.60"/>
(5)	Policy Fee	<input type="text" value="\$2.13"/>
(6)	Total Premium <i>(4) plus (5)</i>	<input type="text" value="\$104.73"/>

Issue Age	<input type="text"/>	
	<b>Mode</b>	<b>Policy Fee</b>
Billing Mode:	<input type="checkbox"/> Bank Draft (Monthly)	\$2.13
(1)	Amount of insurance	<input type="text"/>
(2)	Number of Units <i>(1) divided by 1,000; do not round</i>	<input type="text"/>
(3)	Mode Premium Per Unit <i>(See attached charts)</i>	<input type="text"/>
(4)	Mode Premium <i>(2) times (3); round to nearest cent</i>	<input type="text"/>
(5)	Policy Fee	<input type="text"/>
(6)	Total Premium <i>(4) plus (5)</i>	<input type="text"/>

\* A Term Life Conversion Calculation Sheet must be completed for each person requesting conversion.

\*\* See example on previous page, number one, under Completing Term Life Conversion Calculation Sheet.

Return this Term Life Conversion Calculation Sheet along with the Request for Conversion, the total premium, the Bank Draft Information sheet and voided check.

# Bank Draft Information

Name as shown on Bank Account (Print) \_\_\_\_\_

Bank Name and Address \_\_\_\_\_

Debit on the \_\_\_\_\_ day of the month (1-28 only; **29, 30, 31 not available**). **If no election is made, debits will be made on the day of Policy.**

As a convenience to me, I request and authorize KANAWHA INSURANCE COMPANY to make deductions every payment period for payment of premiums from my:  savings account  checking account

1. Each debit shall constitute proper notice of premium due and will be made on the day selected above or, if no day is selected, the day of Policy.
2. This Authorization shall not be construed as modifying any provisions of the Policy.
3. Kanawha shall not incur any liability if a draft is returned unpaid by the bank. Drafts which do not clear within the time stipulated in the Policy for payment shall constitute nonpayment of premiums and coverage shall lapse subject to nonforfeiture provisions.
4. This Authorization may be discontinued by Kanawha or by the undersigned at any time within FIVE (5) business days prior to the debit date. Upon termination of this Authorization, premiums for the Policy will be payable quarterly.
5. Kanawha will notify me TEN (10) days prior to any changes in payment amounts.

Signature (As shown on Bank Account) \_\_\_\_\_ Date \_\_\_\_\_

**(A voided check for account and routing number verification is required.)**



ATTACH VOIDED CHECK HERE (TAPE ONLY)



# Conversion Rates

Whole Life Conversion Plan, Paid-up at 90  
Monthly Gross Premiums Per \$1000 of Face Amount\*

Issue Age	Non-tobacco		Tobacco User		Uni-tobacco	
	Male	Female	Male	Female	Male	Female
0	NA	NA	NA	NA	0.40	0.34
1	NA	NA	NA	NA	0.42	0.36
2	NA	NA	NA	NA	0.43	0.37
3	NA	NA	NA	NA	0.45	0.38
4	NA	NA	NA	NA	0.47	0.40
5	NA	NA	NA	NA	0.49	0.41
6	NA	NA	NA	NA	0.52	0.43
7	NA	NA	NA	NA	0.55	0.45
8	NA	NA	NA	NA	0.59	0.47
9	NA	NA	NA	NA	0.62	0.49
10	NA	NA	NA	NA	0.66	0.51
11	NA	NA	NA	NA	0.70	0.54
12	NA	NA	NA	NA	0.74	0.56
13	NA	NA	NA	NA	0.78	0.58
14	NA	NA	NA	NA	0.82	0.61
15	NA	NA	NA	NA	0.86	0.63
16	NA	NA	NA	NA	0.89	0.66
17	NA	NA	NA	NA	0.92	0.68
18	0.86	0.66	1.17	0.87	0.95	0.70
19	0.90	0.69	1.21	0.90	0.98	0.73
20	0.93	0.72	1.26	0.94	1.01	0.75
21	0.97	0.75	1.31	0.98	1.04	0.78
22	1.00	0.78	1.36	1.02	1.07	0.81
23	1.04	0.81	1.42	1.07	1.11	0.84
24	1.09	0.84	1.47	1.11	1.14	0.87
25	1.13	0.88	1.53	1.16	1.18	0.91
26	1.16	0.92	1.58	1.22	1.22	0.94
27	1.20	0.95	1.63	1.27	1.26	0.99
28	1.24	1.00	1.69	1.34	1.30	1.03
29	1.28	1.04	1.75	1.40	1.34	1.07
30	1.32	1.08	1.81	1.47	1.39	1.12
31	1.37	1.13	1.88	1.54	1.44	1.17
32	1.42	1.18	1.95	1.61	1.49	1.22
33	1.47	1.23	2.02	1.69	1.54	1.28
34	1.52	1.29	2.10	1.77	1.60	1.33
35	1.58	1.35	2.19	1.85	1.66	1.39

Issue Age	Non-tobacco		Tobacco User		Uni-tobacco	
	Male	Female	Male	Female	Male	Female
36	1.66	1.41	2.32	1.96	1.75	1.47
37	1.75	1.49	2.45	2.07	1.85	1.54
38	1.85	1.56	2.60	2.18	1.95	1.62
39	1.95	1.64	2.75	2.30	2.06	1.71
40	2.06	1.73	2.91	2.43	2.17	1.79
41	2.17	1.82	3.08	2.57	2.29	1.89
42	2.28	1.91	3.26	2.71	2.42	1.99
43	2.41	2.01	3.45	2.87	2.55	2.09
44	2.54	2.12	3.65	3.03	2.69	2.20
45	2.68	2.23	3.85	3.20	2.84	2.32
46	2.83	2.36	4.08	3.41	3.00	2.46
47	3.00	2.50	4.32	3.63	3.17	2.60
48	3.17	2.65	4.57	3.86	3.36	2.76
49	3.36	2.81	4.84	4.11	3.55	2.92
50	3.56	2.97	5.13	4.37	3.76	3.09
51	3.77	3.15	5.44	4.64	3.99	3.27
52	3.99	3.33	5.76	4.92	4.22	3.47
53	4.23	3.53	6.10	5.22	4.47	3.67
54	4.49	3.73	6.46	5.53	4.74	3.88
55	4.76	3.95	6.84	5.86	5.02	4.10
56	5.11	4.19	7.34	6.22	5.39	4.35
57	5.49	4.45	7.86	6.59	5.79	4.62
58	5.90	4.72	8.42	6.99	6.22	4.90
59	6.34	5.00	9.02	7.41	6.68	5.20
60	6.81	5.31	9.66	7.86	7.17	5.52
61	7.31	5.64	10.33	8.33	7.70	5.85
62	7.84	5.99	11.03	8.84	8.25	6.22
63	8.41	6.37	11.77	9.38	8.84	6.61
64	9.01	6.77	12.55	9.95	9.47	7.03
65	9.66	7.21	13.38	10.57	10.15	7.48
66	10.25	7.64	14.12	11.16	10.76	7.92
67	10.90	8.10	14.93	11.80	11.42	8.39
68	11.60	8.61	15.80	12.49	12.14	8.91
69	12.36	9.15	16.75	13.23	12.93	9.47
70	13.19	9.75	17.78	14.03	13.79	10.08

\* Gross premium rates shown do not include the \$2.13 monthly policy fee.

# Conversion Rates

Whole Life Conversion Plan, Paid-up at 90  
Annual Gross Premiums Per \$1000 of Face Amount\*

Issue Age	Non-tobacco		Tobacco User		Uni-tobacco	
	Male	Female	Male	Female	Male	Female
0	NA	NA	NA	NA	4.71	4.00
1	NA	NA	NA	NA	4.94	4.24
2	NA	NA	NA	NA	5.06	4.35
3	NA	NA	NA	NA	5.29	4.47
4	NA	NA	NA	NA	5.53	4.71
5	NA	NA	NA	NA	5.76	4.82
6	NA	NA	NA	NA	6.12	5.06
7	NA	NA	NA	NA	6.47	5.29
8	NA	NA	NA	NA	6.94	5.53
9	NA	NA	NA	NA	7.29	5.76
10	NA	NA	NA	NA	7.76	6.00
11	NA	NA	NA	NA	8.24	6.35
12	NA	NA	NA	NA	8.71	6.59
13	NA	NA	NA	NA	9.18	6.82
14	NA	NA	NA	NA	9.65	7.18
15	NA	NA	NA	NA	10.12	7.41
16	NA	NA	NA	NA	10.47	7.76
17	NA	NA	NA	NA	10.82	8.00
18	10.12	7.76	13.76	10.24	11.18	8.24
19	10.59	8.12	14.24	10.59	11.53	8.59
20	10.94	8.47	14.82	11.06	11.88	8.82
21	11.41	8.82	15.41	11.53	12.24	9.18
22	11.76	9.18	16.00	12.00	12.59	9.53
23	12.24	9.53	16.71	12.59	13.06	9.88
24	12.82	9.88	17.29	13.06	13.41	10.24
25	13.29	10.35	18.00	13.65	13.88	10.71
26	13.65	10.82	18.59	14.35	14.35	11.06
27	14.12	11.18	19.18	14.94	14.82	11.65
28	14.59	11.76	19.88	15.76	15.29	12.12
29	15.06	12.24	20.59	16.47	15.76	12.59
30	15.53	12.71	21.29	17.29	16.35	13.18
31	16.12	13.29	22.12	18.12	16.94	13.76
32	16.71	13.88	22.94	18.94	17.53	14.35
33	17.29	14.47	23.76	19.88	18.12	15.06
34	17.88	15.18	24.71	20.82	18.82	15.65
35	18.59	15.88	25.76	21.76	19.53	16.35

Issue Age	Non-tobacco		Tobacco User		Uni-tobacco	
	Male	Female	Male	Female	Male	Female
36	19.53	16.59	27.29	23.06	20.59	17.29
37	20.59	17.53	28.82	24.35	21.76	18.12
38	21.76	18.35	30.59	25.65	22.94	19.06
39	22.94	19.29	32.35	27.06	24.24	20.12
40	24.24	20.35	34.24	28.59	25.53	21.06
41	25.53	21.41	36.24	30.24	26.94	22.24
42	26.82	22.47	38.35	31.88	28.47	23.41
43	28.35	23.65	40.59	33.76	30.00	24.59
44	29.88	24.94	42.94	35.65	31.65	25.88
45	31.53	26.24	45.29	37.65	33.41	27.29
46	33.29	27.76	48.00	40.12	35.29	28.94
47	35.29	29.41	50.82	42.71	37.29	30.59
48	37.29	31.18	53.76	45.41	39.53	32.47
49	39.53	33.06	56.94	48.35	41.76	34.35
50	41.88	34.94	60.35	51.41	44.24	36.35
51	44.35	37.06	64.00	54.59	46.94	38.47
52	46.94	39.18	67.76	57.88	49.65	40.82
53	49.76	41.53	71.76	61.41	52.59	43.18
54	52.82	43.88	76.00	65.06	55.76	45.65
55	56.00	46.47	80.47	68.94	59.06	48.24
56	60.12	49.29	86.35	73.18	63.41	51.18
57	64.59	52.35	92.47	77.53	68.12	54.35
58	69.41	55.53	99.06	82.24	73.18	57.65
59	74.59	58.82	106.12	87.18	78.59	61.18
60	80.12	62.47	113.65	92.47	84.35	64.94
61	86.00	66.35	121.53	98.00	90.59	68.82
62	92.24	70.47	129.76	104.00	97.06	73.18
63	98.94	74.94	138.47	110.35	104.00	77.76
64	106.00	79.65	147.65	117.06	111.41	82.71
65	113.65	84.82	157.41	124.35	119.41	88.00
66	120.59	89.88	166.12	131.29	126.59	93.18
67	128.24	95.29	175.65	138.82	134.35	98.71
68	136.47	101.29	185.88	146.94	142.82	104.82
69	145.41	107.65	197.06	155.65	152.12	111.41
70	155.18	114.71	209.18	165.06	162.24	118.59

\* Gross premium rates shown do not include the \$25 policy fee.