



## REQUEST TO NEW YORK LIFE INSURANCE COMPANY FOR CONVERSION OF GROUP TERM LIFE INSURANCE

### GROUP PLAN ADMINISTRATOR TO COMPLETE

1. Name of TPA: \_\_\_\_\_ Completed By: \_\_\_\_\_  
Name of Association: \_\_\_\_\_ Email: \_\_\_\_\_  
Group Policy Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

#### 2. CERTIFICATION OF ELIGIBILITY FOR CONVERSION

This is to certify that according to our records, the Proposed Insured named in the portion of this application has been insured under the Plan identified in Item 1 referenced above and such insurance can be converted in accordance with the Conversion Provisions and the information indicated below:

A. Name of Insured: \_\_\_\_\_

B. Address: \_\_\_\_\_  
\_\_\_\_\_

C. Phone Number: \_\_\_\_\_

D. Email: \_\_\_\_\_

E. Date Of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

F. Date Group Term Life Insurance coverage began: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date Group Term Life Insurance coverage ceases: \_\_\_\_/\_\_\_\_/\_\_\_\_

G. Amount of terminating Life Insurance coverage eligible to convert: \_\_\_\_\_

#### H. Reason for converting Terminating coverage:

- ☐ Group Term Life Reduction
- ☐ Attainment of Group Policy's age limitation met.
- ☐ Child's attainment of Group Policy's limiting age.
- ☐ Termination of life insurance on class of employees to which Proposed Insured belongs.
- ☐ Termination of the Group Policy providing life insurance coverage.
- ☐ Termination of membership (or employment).
- ☐ Other, specifically: \_\_\_\_\_

I. Certificate number of Terminating Coverage which is applicable to Proposed Insured: \_\_\_\_\_

Please complete the above and email to [GMADGroupConversion@newyorklife.com](mailto:GMADGroupConversion@newyorklife.com). An agent will contact the insured to discuss their conversion privilege.