

**TRUSTMARK LIFE
INDIVIDUAL HIPAA PLAN
GROUP CONVERSION REQUEST**

MUST BE COMPLETED BY THE GROUP POLICYHOLDER'S INSURANCE ADMINISTRATOR, *NOT BY APPLICANT.*

1. _____
Name of Applicant
2. _____
Street Address
- _____
- City State Zip
3. a. _____
Social Security Number
- b. _____
Date of Birth
4. Sex: Male Female
5. Telephone Number (_____) _____
6. Date Employed _____
7. _____
Last Day Worked
8. _____
Date To Which Premium Paid
9. Has premium been paid beyond termination?
 YES NO If yes, please explain why.

15. Type of Group Coverage In Force at Termination: YES NO

10. If conversion is requested for Dependent(s) only, indicate name (s) of Dependent(s) and date no longer eligible for group coverage.

11. When group coverage was applied for, was Evidence of Insurability required?
 YES NO
12. Was Applicant given Written Notification of Conversion Privilege?
 YES NO
13. Was applicant totally disabled on the date coverage terminated?
 YES NO
14. Has the applicant been covered under group health insurance coverage for 18 months, with no break in coverage of more than 63 days?
 YES NO

HOSPITAL/MEDICAL	16. LIFE	EXCESS TERM
Previous Coverage Ded _____ R&B _____ Other options: _____ Effective Date _____ Conversion offered/applied for: Ded _____ R&B _____ Other options: _____	Class: <input type="checkbox"/> Single <input type="checkbox"/> Family Amount: Applicant _____ Spouse _____ Children _____ Effective Date: _____	Amount: _____ Effective Date: _____

17. List All Covered Dependents:

NAME	RELATIONSHIP TO APPLICANT	BIRTH DATE

18. _____
Name of Group Policyholder File # Signature of Administrator Date

(FOR HOME OFFICE USE ONLY)

Expiration Date of Conversion Period State Contract Issued/Administration

Guar. Conv. Hosp. Eff. Date Guar. Conv. Life Eff. Date

GROUP CONVERSION REQUEST

When a terminating employee requests that his group and/or life coverage be converted to individual coverage, the administrator of the insurance plan for the employer, union or association should complete the back side of this form. After completion, the administrator should send the Group Conversion Request to:

Conversion Department
Trustmark Life Insurance Company
P.O. Box 7904
Lake Forest, IL 60045-7904

When the request for conversion has been received by Trustmark Life, the Conversion Department will contact the terminating employee by mail to indicate the type of individual policies available and the applicable premium rates.