STANDARD INSURANCE COMPANY

Group Policy Administration
900 SW Fifth Avenue
Portland OR 97204-1203
(800) 378-4668

APPLICATION FOR LONG TERM DISABILITY CONVERSION INSURANCE INSTRUCTIONS – PLEASE READ CAREFULLY

THE RIGHT TO CONVERT

If your Standard Group Long Term Disability Insurance ends, you may have a right to buy LTD Conversion Insurance under the Standard LTD Conversion Insurance Trust without submitting Evidence of Insurability. You will have this right, called the Right to Convert, within 31 days after the date your Group LTD Insurance ends, provided that all of the following conditions are met:

1. Your Group LTD Insurance ends for any reason other than:
   (a) The termination or amendment of the Group LTD Insurance Policy.
   (b) Your failure to pay the required premium contribution for your Group LTD Insurance; or
   (c) Your retirement, if this restriction is included in your Group LTD Insurance Policy.
2. You have been insured under the Employer's group LTD insurance plan for at least one year on the date your Group LTD Insurance ends.
3. You are not Disabled on the date your Group LTD Insurance ends.
4. You are under age 70, if this age restriction is included in your Group LTD Insurance Policy.
5. You are a citizen or resident of the United States or Canada.

If you have a Right to Convert, you may apply for LTD Conversion Insurance by submitting a completed application packet and paying your initial premium within 31 days after the date your Group LTD Insurance ends.

HOW TO APPLY

Your application packet has two forms. All questions on these forms are important and must be completed. If you have questions while completing your application, please feel free to contact our office.

The two forms in your application packet are:

1. Application for Long Term Disability Conversion Insurance.

- Answer every question completely. It is important to use your full name (not initials) and the complete name of the Group LTD Insurance Policyholder.
- Determine your Maximum LTD Conversion Benefit.

  The Maximum LTD Conversion Benefit you may select is the smallest of the following amounts:

  (a) $4,000 without Evidence Of Insurability (however, if you provide satisfactory Evidence of Insurability, this upper limit may be as high as $8,000);

  (b) 60% of your insured Predisability Earnings on the date your Group LTD Insurance ended; and

  (c) The LTD Benefit payable to you under the Group LTD Insurance Policy if you had become Disabled on the day before your Group LTD Insurance ended and had no Deductible Income.

  If you are applying for a Maximum LTD Conversion Benefit of over $4,000, you may contact our office for an Evidence of Insurability form.

- Premiums are payable quarterly, in advance, directly to Standard's Home Office. Premium Statements will be mailed to you at your last known address. Your initial premium should be for the quarter (3 months) beginning with the first of the month following the date your Group LTD Insurance ends.

  The cost of your LTD Conversion Insurance is determined based on the following formula:
  Maximum LTD Benefit applied for ÷ 100 X Premium Rate (based on attained age) = Premium Due.

  Our office will be happy to assist you with your premium calculation.

2. Employer's Statement for LTD Conversion Insurance

- This form must be completed by your Employer or Group LTD Insurance Policyholder and mailed back to Standard Insurance Company with your enrollment card and a copy of your job description.

You are responsible for making sure all required forms are completed and returned to our office. Processing of your application will begin when both completed forms are received.

STANDARD INSURANCE COMPANY

Group Policy Administration
900 SW Fifth Avenue
Portland OR 97204-1203
(800) 378-4668

APPLICATION FOR LONG TERM DISABILITY CONVERSION INSURANCE

Reset

Please type or print. Complete entire form.

IDENTIFICATION

Name: _____
(last) (first) (middle)

Address: _____
(street address)

_____
(city) (state) (zip)

Social Security Number: _____ Telephone No.: (____) _____

Birthdate: _____ Sex: ☐ M ☐ F
(mo) (day) (year)

DISABILITY

Have you been unable to work because of an illness or injury commencing on or before the date your Group LTD Insurance ended? ☐ Yes ☐ No

If yes, you may be entitled to long term disability benefits if you became disabled while insured under the Group LTD Insurance Policy. Check the following box to request long term disability claim forms from Standard Insurance Company: ☐

GROUP POLICY

Name of Group LTD Insurance Policyholder or Plan Sponsor: _____

Group LTD Insurance Policy or Plan Number: _____ Your Occupation: _____

Date you became insured under plan: _____ Date your insurance ended under plan: _____

Monthly rate of earnings prior to termination: _____ Effective date of last change in earnings: _____

Reason for termination of your membership or insurance: _____

_____

OTHER COVERAGE

Are you covered by, or are you applying for, coverage under any other Group Long Term Disability Plan?
☐ Yes ☐ No

If yes, please provide documents describing the coverage or provide the name and address of the organization, employer or carrier providing the coverage.

_____

_____

NOTE: LTD Conversion Insurance will end if you become eligible for coverage under any employer's group LTD plan.

Continued on other side.

CONVERSION

The premium for your LTD Conversion Insurance is based on the Maximum LTD Conversion Benefit you select. The amount you select cannot exceed the smallest of the following amounts: (a) 60% of your insured Predisability Earnings under the Group LTD Insurance Policy; (b) $4,000 without Evidence Of Insurability or $8,000 with satisfactory Evidence Of Insurability; or (c) your Maximum LTD Benefit under the Group LTD Insurance Policy. The Maximum LTD Conversion Benefit you select will be reduced by Deductible Income as defined in the LTD Conversion Insurance Certificate.

Maximum LTD Conversion Benefit applied for: $ _____ .

Check here if you are applying for more than $4,000 and need to complete an Evidence Of Insurability Form: ☐. (Your employer may have a supply of these forms).

PREMIUMS

Insurance under the LTD Conversion Insurance Certificate becomes effective at 12:01 AM on the day after coverage under the Group LTD Insurance Policy ends. You must apply to convert and pay the first quarterly premium within a 31-day conversion period. Payments are due on a quarterly basis. Please contact our office if you need help calculating your initial premium amount.

Premium Computation:

Your age: _____
Quarterly Rate for your age: _____
Maximum LTD Conversion Benefit applied for:
$_____ Divided by 100 = _____
Multiply this figure by the
Quarterly Rate for your age. This is your
quarterly premium amount: $ _____

Quarterly Premium Rates per $100 of Monthly Benefit

Age:	Quarterly Rate:
Less than 40	$ 3.50
40-44	6.50
45-49	10.00
50-54	15.00
55-59	22.50
60-64	27.50
65-69	32.50
70-74	60.00
75-79	90.00
80-84	120.00
85-89	150.00
90 or older	200.00

Make check payable to Standard Insurance Company.

AGREEMENT

I hereby apply for Group LTD Conversion Insurance available through the Standard LTD Conversion Insurance Trust. I understand that I am bound by the terms of the Standard LTD Conversion Insurance Trust Agreement and any amendments to it.

I agree that no coverage will take effect until it is approved in writing by Standard Insurance Company. I understand that if this application is not accepted, any premium advanced by me will be refunded.

I hereby represent that all statements on this application are complete and true to the best of my knowledge and belief. I understand that Standard Insurance Company will rely on these statements and this information, along with the Employer's Statement for LTD Conversion Insurance, as the basis for approving this application. I have read and understand the information herein.

Signature of Applicant: _____

Dated: _____

FRAUD NOTICES

For Residents of Arkansas, District of Columbia, Kentucky, Louisiana, Maine, New Mexico, Ohio, Oklahoma, Tennessee and Washington: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false, or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending on the state. Such actions may be deemed a felony and substantial fines my be imposed.

For Residents of Maryland and Rhode Island: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

STANDARD INSURANCE COMPANY

Group Policy Administration
900 SW Fifth Avenue
Portland OR 97204-1203
(800) 378-4668

EMPLOYER'S STATEMENT FOR LTD CONVERSION INSURANCE

Please type or print. Complete entire form.

TO BE COMPLETED BY GROUP LTD INSURANCE POLICYHOLDER OR PLAN SPONSOR.

Employee's Full Name: _____

Employee's Social Security Number: _____ Birthdate: _____

Employee's Occupation: _____

Group LTD Insurance Policyholder: _____

Group LTD Insurance Policy Number: _____ Effective Date of Group LTD Insurance Policy: _____

Date the employee's Group LTD Insurance was effective under the Group LTD Insurance Policy: _____

Last work date: _____

Date on which the employee's Group LTD Insurance terminated or will terminate: _____

Reason for termination of Group LTD Insurance: _____

_____

Date on which notice of Conversion option was given to the employee: _____

Employee's monthly rate of earnings prior to termination: $ _____

Employee's monthly insured Predisability Earnings prior to termination (if different from above): $ _____

Effective date of last salary change: _____

Has the employee been continuously covered under the Employer's group LTD plan for at least 12 consecutive months? ☐ Yes ☐ No

To your knowledge, is or will the terminating employee be eligible for any other employer's group LTD coverage? ☐ Yes ☐ No

If yes, please explain: _____

_____

Does the employee have Group Life Insurance with Standard Insurance Company? ☐ Yes ☐ No

If yes, is this coverage also terminating? ☐ Yes ☐ No

PLEASE ATTACH ORIGINAL LTD ENROLLMENT CARD OR FORM AND A JOB DESCRIPTION.

I hereby represent that the above information is true and complete to the best of my knowledge.

_____ Date

_____ Signature of Policyholder's Representative

_____ Telephone Number

_____ Title

_____ Address