



Notice of Conversion Privilege

THIS IS NOT AN APPLICATION FOR INSURANCE. AS SOON AS THE FOLLOWING INFORMATION IS RECEIVED AND IF IT IS DETERMINED THAT YOU ARE OTHERWISE ELIGIBLE FOR CONVERSION, WE WILL SEND AN APPLICATION FORM AND PREMIUM RATE INFORMATION.

Date:	Group Policy #:
Name of Group Policyholder or Employer:	

This is to notify you of the termination of your group insurance coverage with us. According to the terms of the Group Insurance Contract, certain rights (including but not limited to any possible conversion rights) may be available to you upon termination. Please refer to your Group Insurance Certificate for an explanation of these rights. Any questions regarding the provisions discussed in your certificate, rates for the converted insurance, information about the benefits provided by the converted policies, or the application for the converted policies should be referred to:

Great-West Healthcare
 Attention: Conversion Unit, F0-32
 PO Box 66803
 St Louis, MO 63166

Telephone: (314) 525-3811 or, 1-800-392-5368

The following information is needed to consider a conversion request:

Type of conversion information desired (Choose one) <input type="checkbox"/> Life <input type="checkbox"/> Medical <input type="checkbox"/> Life and Medical		Name of individuals interested in a conversion policy:	
Employee Name:	Employee Date of Birth: Month/Day/Year	Employee Social Security Number:	
Employee's Mailing Address: City: _____ State: _____ Zip: _____		Area code and Telephone number:	
Spouse's Name:	Child's Name:	Child's Name:	Child's Name:
Spouse's Date of Birth:	Child's Date of Birth:	Child's Date of Birth:	Child's Date of Birth:
Date of Termination of Employment: Month/Day/Year		Date of Termination of Insurance: Month/Day/Year	
Reason:			

Note: If any of your dependent children are age 19 or older, please advise if he/she is a full-time student, unmarried, and dependent upon you for support.

Please refer to the appropriate section of your certificate to determine if you may be eligible for a conversion policy. The conversion application and your first premium payment is time sensitive, based upon your date of termination. If you are interested in a conversion policy, please complete this notice form immediately, and return it to us at the address shown above.

Great-West Healthcare refers to products and services provided by Great-West Life & Annuity Insurance Company and its subsidiaries (Alta Health & Life Insurance Company and Great-West Healthcare HMO/HCSC companies). It also refers to the group business that is underwritten by New England Life Insurance Company and Metropolitan Life Insurance Company which is currently administered by Great-West Life & Annuity Insurance Company. Great-West Life & Annuity Insurance Company is not licensed to do business in New York. Products are sold in New York by its subsidiary First Great-West Life & Annuity Insurance Company, Albany, N.Y.