

***Now is the Time...***

***... to convert your group accidental death insurance to an individual policy.***

This document outlines the conditions under which a person no longer eligible for insurance under a Life Insurance Company of North America (LINA) Group Policy may convert to an individual policy affording Accidental Death and Dismemberment (AD&D) benefits . . . including Family coverage.

***Take advantage of this opportunity NOW!***



**CIGNA Group Insurance**  
Life • Accident • Disability

# **Now is the Time!**

## **Because...**

*YOU UNDERSTAND* the value of Accident Insurance. You've been enrolled in a Plan of LINA Group Accident Insurance, secure in the knowledge that your family will have the advantage of financial assistance in the event an accident results in death or dismemberment.

## **Because...**

*WE UNDERSTAND* your interest in continuing Your Accident Insurance Protection without interruption. LINA is providing this opportunity to convert all or part of your current AD&D benefit, when your group coverage terminates because you have ceased to be eligible, you have terminated employment with the policyholder, or the group policy has been cancelled.

## **Because...**

*IT'S EASY TO CONVERT TO INDIVIDUAL COVERAGE.* You can secure a new, individual LINA accident insurance policy, without medical certification, for yourself—and for your eligible family members, *whether or not they were insured under your previous group policy.*

You simply apply within 31 days after your group insurance terminates, and pay the premium for a new LINA policy at the rate in effect for your attained age and occupation. Just forward the completed application, along with your check. You can provide continued peace of mind to yourself and your family.

You can provide continued peace of mind to yourself and your family. You can easily convert your group accident insurance to individual accident coverage. **Now is the time!**

### **Your Converted Policy**

Will be effective on the date your group insurance terminates or on the date of your application, whichever is later. The insurance pays for loss caused by, and occurring within one year after, an accident:

#### **Loss of**

Life .....	Principal Sum
Two or more members* .....	Principal Sum
One member .....	One-Half Principal Sum
Thumb and index finger of same hand .....	One-Quarter Principal Sum

\*"Member" means hand, foot or eye.

Only one amount, the largest to which you are entitled, is payable for all losses resulting from one accident.

### **Family Plan**

Under the Family Plan, you may insure your family members as follows:

Your spouse under age 70, and your dependent child/ren (including step, foster and legally adopted children—and children whose adoption procedures are pending)—under 19 years of age...or until age 25, if they are full-time students, dependent on you for support and maintenance. Coverage will be extended for any dependent child who, upon reaching the stated maximum age, is mentally or physically incapable of self-sustaining support and who is dependent upon you for support and maintenance.

## Selection of Your Principal Sum

If you were previously insured for less than \$25,000, you may select the Principal Sum of \$25,000.

If the amount for which you were previously insured appears in the PREMIUM SCHEDULE, you may select that amount or any lower amount shown, but not less than \$25,000.

If the amount for which you were insured does not appear on the PREMIUM SCHEDULE, you may select either a lower figure or the next higher figure. (For example, if you were insured for \$65,000 and want a higher amount, you may select \$75,000.)

If you insure your spouse and/or dependent child/ren under the Family Plan, the amount of insurance applicable to members of the family is based on the composition of the family at the time of loss, and is expressed as a percentage of your Principal Sum, as follows:

- 1) At time of loss the family consists of You, Your Spouse and Dependent Children  
Employee ..... 100%  
Spouse ..... 40%  
Each Child ..... 10%
- 2) At time of loss the family consists of You and Your Spouse but NO Dependent Child/ren  
Employee ..... 100%  
Spouse ..... 50%
- 3) At time of loss the family consists of You and Your Dependent Child/ren but NO Spouse  
Employee ..... 100%  
Each Child ..... 15%

**Example:** Under the Family Plan, you elect \$100,000.  
The family consists of you, your spouse, and three children.

Your Amount .....	\$100,000.00
Your Spouse's Amount .....	40,000.00
Each Child's Amount .....	10,000.00

## Limitations and Exclusions

The policy does not pay for loss caused by intentionally self-inflicted injuries; suicide (in Missouri, while sane); act of war, declared or undeclared; loss resulting from accidents occurring while serving on full-time duty in the Armed Forces (premium will be prorated and returned for such period); commission of a felony by an insured; sickness, disease or infirmity.

Air travel is included while the insured person is traveling *as a passenger only*, in any plane, including MAC (Military Airlift Command) or similar service of another country—but excluding travel in experimental or testing aircraft, or aircraft designed for use beyond the earth's atmosphere; hang gliding; parachuting (except for self-preservation); and while serving as a pilot, crewmember, or student taking a flying lesson, in any aircraft.

## General Information

The policy is renewable with Company consent until you reach age 70. The Company may change renewal premium rates only on a class basis, not on an individual basis.

You may cancel at any time after the policy's original term.

If you are insured under more than one LINA group contract with your present employer, you may convert each but a separate application should be completed for each conversion.

**Note:** This individual insurance is not available if the Company has already issued you an individual AD&D policy converted from a previous employer's plan.

## Your Costs

The rates shown below are for persons in Class I Occupational Classifications—i.e., individuals who are engaged in the less hazardous occupations such as executives, managers, salesmen, accountants, lawyers, physicians, surgeons. If your occupation falls into a more hazardous classification, LINA, upon receipt of your application, will inform you of the rates that apply.

If your occupation changes to one more hazardous than is covered by the premium charged, payment for loss occurring thereafter will be for that amount which the premium paid would have purchased. If your occupation changes to one less hazardous, the premium will be reduced and any unearned amount will be returned.

### Accidental Death and Dismemberment Annual Premium Schedule

UNDER AGE 65		
PRINCIPAL SUM	INSURED ONLY	INSURED & FAMILY
\$ 25,000	\$ 31.25	\$ 45.00
50,000	62.50	90.00
75,000	93.75	135.00
100,000	125.00	180.00
125,000	156.25	225.00
150,000	187.50	270.00
200,000	250.00	360.00
250,000	312.50	450.00
AGE 65 UNTIL AGE 70		
PRINCIPAL SUM	INSURED ONLY	INSURED & FAMILY
\$ 25,000	\$ 46.25	\$ 67.50
50,000	92.50	135.00
75,000	138.75	202.50
100,000	185.00	270.00
125,000	231.25	337.50
150,000	277.50	405.00
200,000	370.00	540.00
250,000	462.50	675.00

#### To Calculate Your Premium

Select your Principal Sum and its appropriate annual premium. If you wish to pay the premium semiannually or quarterly, please note:

For a selected Principal Sum of \$50,000 or more, you may pay the premium semiannually by dividing the annual premium by 2.

For a selected Principal Sum of \$100,000 or more, you may pay the premium quarterly by dividing the annual premium by 4.

**Example:** If at age 55, you select \$100,000 of coverage for yourself with family coverage, Total Quarterly Premium for *You and Your Family* = \$45.00.

**If you have any questions or need assistance in completing the application, please call our toll-free number 1-800-441-1832 (TDD 1-800-552-5744), Monday through Friday, 8:00 a.m. to 5:00 p.m. (EST).**

# APPLICATION

for conversion of accidental loss of life, limb or sight coverage to an individual policy.

## This Part of Application to be Completed by Proposed Insured

Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Former Occupation \_\_\_\_\_ Present Occupation \_\_\_\_\_

Describe Present Duties \_\_\_\_\_

**I wish to convert:** Amount: \$ \_\_\_\_\_ **Coverage:** Accidental Death and Dismemberment **Family Coverage:** Yes No

**I wish to pay premiums:** Annually Semiannually Quarterly

My check (made out to "LINA") in the amount of \$ \_\_\_\_\_ is enclosed.

**Insured's Beneficiary:** Loss of life benefits will be paid to:

(Print full name of beneficiary and relationship to you) \_\_\_\_\_

**Spouse's Beneficiary:** Loss of life benefits will be paid to the insured. All other benefits will be paid to the spouse.

**Child's Beneficiary:** Loss of life and all other benefits will be paid to the insured.

I have read the above statements and agree they are accurate and complete to the best of my knowledge and belief. I understand that this insurance will be issued on reliance upon such statements.

Signature of Proposed Insured \_\_\_\_\_ Date \_\_\_\_\_

## This Part of Application to be Completed by Employer

GROUP POLICY NO. \_\_\_\_\_

\_\_\_\_\_  
(Name of insured employee or of employee's insured dependent)

on \_\_\_\_\_ became ineligible for coverage under the group or blanket policy.

**Prior to that date, the above individual was insured for:** \$ \_\_\_\_\_ **Family Plan** Yes No

Signed \_\_\_\_\_ Title \_\_\_\_\_

for \_\_\_\_\_ (organization) Subsidiary of \_\_\_\_\_

Telephone # (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_\_

Complete this application and mail it along with your check (made payable to LINA) to: Life Insurance Company of North America, Individual Conversion Unit, P.O. Box 20187, Lehigh Valley, PA 18002-0187.

**IF THE PROPOSED INSURED HAS PREVIOUSLY ASSIGNED OWNERSHIP OF HIS/HER POLICY TO ANOTHER PERSON FOR ESTATE TAX PURPOSES—OR NOW WISHES TO DO SO—BOTH THE PROPOSED INSURED AND THE OWNER MUST SIGN THIS PART OF THE APPLICATION.**

The answers to the questions contained in the application have been made by the proposed insured at the request and on the behalf of the proposed Owner, and insurable interest in the proposed insured exists on the part of not only the proposed Owner but also the beneficiary or beneficiaries designated in the application, which designation is that of the proposed Owner.

The proposed Owner adopts as a part of the application all of the statements and answers of the proposed Insured.

The proposed Insured agrees and understands that the proposed Owner, as assignee of all the proposed insured's rights, privileges and interests under a group, blanket or individual policy, inclusive of a Conversion Privilege thereunder, is hereby exercising said Conversion Privilege and that all right, title and interest under the converted policy for which this application is submitted will become vested in the person named herein as proposed Owner.

If any interest or payment shall not vest in the proposed Owner, or in the beneficiary or beneficiaries designated hereunder, such interest or payments shall not revert to the proposed Insured or his/her estate but shall become payable in such shares and to such persons as may be entitled to take from him/her under the intestate law of the state of the Insured's residence at the time of death.

Name of Proposed Owner \_\_\_\_\_

Address \_\_\_\_\_

City & State \_\_\_\_\_

Relationship to Proposed Insured \_\_\_\_\_

Dated at \_\_\_\_\_ this day of \_\_\_\_\_  
(month) (date) (year)

Signature of Proposed Owner \_\_\_\_\_

Signature of Proposed Insured \_\_\_\_\_