



If your Optional Accidental Death & Dismemberment (AD&D) coverage terminates, you may be eligible to convert to a conversion AD&D certificate. Refer to Page 2 of this application for details of eligibility, coverage amounts available and your cost .

- To apply:**
1. Complete Part 2 of this application for Conversion. Be sure your employer has completed Part 1. Premium rates and instructions for figuring your premium are shown on the second page of this application.
 2. Mail the completed application, together with your check for the first modal premium within 31 days of termination of coverage to Fort Dearborn at the address indicated on page 2.

Part 1: TO BE COMPLETED BY EMPLOYER

Group Number: GFZ39993A	Name of Employer: Texas A & M University		
Dare Employment Terminated	Date Coverage Terminated	Last Actual Day of Work	
Reason for Termination of Coverage: <input type="checkbox"/> Termination of employment <input type="checkbox"/> Retirement <input type="checkbox"/> Cancellation of Policy <input type="checkbox"/> Termination of eligibility <input type="checkbox"/> Nonpayment of Premium by Employee <input type="checkbox"/> Other: _____			
Does Applicant have Optional AD&D Coverage? <input type="checkbox"/> Yes* <input type="checkbox"/> No Amount \$ _____		Signature of Person Authorized to Certify for Group	
*Check one: <input type="checkbox"/> Employee <input type="checkbox"/> Retiree <input type="checkbox"/> Family Plan		Date: _____	

Part 2: TO BE COMPLETED BY INSURED

In accordance with and subject to all terms and conditions of the Conversion Privilege set forth in my Optional AD&D Plan Booklet, I elect to convert my AD&D coverage and agree to pay for the coverage(s) indicated below.

Name in Full (please print)	Social Security Number	Date of Birth	Last Day of Active Work	
Street Address	City	State	ZIP	Telephone Number

I ELECT TO CONVERT TO THE FOLLOWING OPTIONAL AD&D PLAN

Insured Only Family Plan* (select one) Insured & Spouse* Insured, Spouse & Children* Insured & Children*

Coverage Amount: \$ _____ (\$10,000 to \$250,000 in \$10,000 increments, not to exceed amount that is terminating)

*You may only elect this plan if your group Optional AD&D coverage included the same Family Plan coverage. If you elect a family plan, your covered spouse and/or children will be insured for the following percentage of your Coverage Amount:

Spouse – 60% if there is no child coverage	Child(ren) – 15% if there is no spouse coverage
Spouse – 50% if children are covered	Child(ren) - 10% if spouse is covered

COMPLETE THE FOLLOWING INFORMATION ONLY IF YOU HAVE ELECTED SPOUSE AND/OR CHILD AD&D COVERAGE:

Family Member Names (list children oldest to youngest)	Date of Birth (MM/DD/YY)
Spouse:	
Child:	
Child:	
Child:	
Child:	

BENEFICIARY DESIGNATION

FIRST NAME	LAST NAME	ADDRESS	SOCIAL SECURITY NO.	DATE OF BIRTH	RELATIONSHIP
Primary				MO / DAY / YEAR	
Contingent				MO / DAY / YEAR	

I agree that while my eligibility to convert this coverage under the terms of the Group Insurance Policy is being determined, the company may deposit the payment submitted with this application. I understand if I am not eligible to convert my Optional AD&D insurance, as elected above, the sole obligation of the company shall be to refund the above payment.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND MAY SUBJECT SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant Signature _____ Date _____



Eligibility

If you are a previously covered employee or retiree under age 70, you are eligible to convert group Optional AD&D when coverage terminates, except: you are not eligible to convert if your Optional AD&D coverage terminated due to non-payment of premium or termination of the group policy when the group policy is replaced within 31 days by similar group coverage sponsored by the Texas A&M System.

If you are eligible, you may convert any amount between \$10,000 and \$250,000 in \$10,000 increments, not to exceed the amount of Optional AD&D coverage that is terminating. If you were covered under the Family Plan, you may choose to insure yourself or yourself and your covered family members. If you were covered under the Employee Only or Retiree Only plans, you may only choose converted AD&D coverage for yourself.

You must apply within 31 days of the date your Optional AD&D coverage terminated.

Premium Calculation Worksheet

<p>AD&D Conversion Rates</p> <p>Annual Rate per \$1,000 for Applicant and Spouse</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Attained Age</td> <td>Annual Premium</td> </tr> <tr> <td>Less than 65</td> <td>\$1.80</td> </tr> <tr> <td>65 – 70</td> <td>\$3.60</td> </tr> </table> <p>Annual Rate per \$1,000 for Child Coverage</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Any Age</td> <td>7.80</td> </tr> </table>	Attained Age	Annual Premium	Less than 65	\$1.80	65 – 70	\$3.60	Any Age	7.80	<p>Send signed, completed application with your check for the first annual premium to:</p> <p>Fort Dearborn Life Insurance Company Group Policy Issuance Department 2400 Lakeside Blvd. Richardson TX 75082-7399</p> <p>Premium Enclosed \$ _____</p>
Attained Age	Annual Premium								
Less than 65	\$1.80								
65 – 70	\$3.60								
Any Age	7.80								

Example

Conversion of \$100,000 of Optional AD&D Coverage under the Family Plan for retiring employee who chooses to continue coverage for his spouse and children. Spouse coverage is \$50,000 (50% of his Coverage Amount) and Child(ren) coverage is \$10,000 (10% of his Coverage Amount). Retiree is 66 years old and spouse is 54.

	Table Rate	X	# of Thousands to be Converted	=	Annual Premium
Retiree	\$3.60	x	100	=	\$360.00
Spouse	1.80	x	50	=	90.00
Child(ren)	7.80	x	10	=	78.00
Total Annual Premium					\$528.00

Your Calculation

	Table Rate	X	# of Thousands to be Converted	=	Annual Premium
Applicant	_____	x	_____	=	_____
Spouse	_____	x	_____	=	_____
Child(ren)	_____	x	_____	=	_____
Total Annual Premium					

Example, if Family Plan elected:

Employee Coverage Amount	\$100,000
Spouse – 60% of your Coverage Amount if there is no child coverage	60,000
Spouse – 50% of your Coverage Amount if children are covered	50,000
Child(ren) – 15% of your Coverage Amount if there is no spouse coverage	15,000
Child(ren) - 10% of your Coverage Amount if spouse is covered	10,000