

Acknowledgement of Conversion Privilege

I have been advised that I have the option to convert my Group Life Insurance coverage to an individual policy without medical evidence (*include Long Term Disability benefits and/or EHC and Dental benefits if applicable*) within 31 days of my termination date. I am aware it is my sole responsibility to investigate the availability and cost of any individual coverage available to me.

I am also aware of the time-sensitive nature of my right to this privilege.

Signature

Date