

EXPLANATION OF BASIC FORMS FOR ADMINISTRATION OF LIFE INSURANCE POLICY

Enrollment Form

To be completed, signed and witnessed for all employees of your Company eligible for the life insurance program. All newly hired employees to be covered under this group insurance must fill out an enrollment form. These forms should be forwarded to us within a reasonable timeframe for open enrollment; i.e., forms for employees to be enrolled with the initial group should be received by us within 6 weeks of the effective date of the policy, and subsequent enrollments should be forwarded within 1 month of the employee becoming eligible.

Change of Beneficiary and/or Change of Name Form

This is used if an employee has completed an enrollment form, and he or she is changing either (a) his/her choice of beneficiary or (b) his/her name.

Request for Conversion Information and Conversion Information Booklet

These are applicable to:

- ◆ Employees who were covered for life insurance under the group policy and who subsequently terminate employment and wish to convert to an individual life insurance policy, for which they would pay their own premiums.

OR

- ◆ Employees who have attained the age at which their life insurance amounts begin to reduce. These individuals may wish to convert to an individual policy, the part of their group coverage that was reduced.

Such individuals should be furnished with the Conversion Information Booklet. In the meantime, your Company would forward the Request for Conversion Information form to Amalgamated Life for consideration.

Notice of Death Form

This form should be used for reporting claims. It should be forwarded to us along with proof of eligibility; i.e., the WT-4 Quarterly Combined Wage Reporting form for the required quarters verifying employment prior to last date worked or date of death.

Waiver of Premium Application (Not Included)

If this benefit is applicable to your group life policy, please contact Debra Internicola at (212) 539-5550 for additional information.

We would like to emphasize that individuals who need extra space for providing information on any of the above forms may write the information on a separate page to be stapled to the appropriate form.

If you need any assistance regarding procedures for filling out any of the above forms, we will be happy to assist you.

AMALGAMATED LIFE INSURANCE COMPANY

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