Amalgamated Life

730 Broadway
New York, NY 10003-9511
212-539-5000

REQUEST FOR CONVERSION APPLICATION

PLEASE FURNISH ME WITH INFORMATION (APPLICATION & PREMIUM RATES) REGARDING THE CONVERSION OF MY GROUP LIFE INSURANCE TOAN INDIVIDUAL LIFE POLICY

NAME IN FULL (PLEASE PRINT)	DATE OF BIRTH	MONTH	DAY	YEAR	AGE

ADDRESS (STREET AND NO. OR R.F.D., CITY, STATE ZIP)

SOCIAL SECURITY NO.	GROUP POLICY NO	EMPLOYER, FUND, OR UNION NAME

ARE YOU PRESENTLY ACTIVELY AT WORK? ❑ YES ❑ NO

IF "NO", FURNISH THE EXACT LAST DAY OF WORK (MONTH, DAY, YEAR): _____

REASON FOR STOPPING WORK: _____

STATE THE AMOUNT OF INSURANCE TO BE CONVERTED: _____

_____ (SIGNATURE OF POLICYHOLDER OR REPRESENTATIVE) (DATE)

X _____ (SIGNATURE OF EMPLOYEE / MEMBER DATE

NON-PARTICIPATION OPTION

I HAVE BEEN OFFERED THE RIGHT TO CONVERT MY GROUP LIFE INSURANCE, AND I CHOOSE NOT TO DO SO.

PRINT NAME _____ SIGN NAME _____ DATE

As soon as the Policyholder receives a request for conversion of insurance,
this form should be forwarded to:
THE AMALGAMATED LIFE INSURANCE COMPANY, INC.
730 Broadway, New York, NY 10003-9511 (Group Insurance Services)