Standard Insurance Company
920 SW Sixth Avenue Portland OR 97204-1235 800.378.4668 ext. 6785 Tel

Long Term Disability Conversion Insurance Application Instructions

For Residents of: AR, CO, DC, KY, LA, NJ, NM, NY, OH, OK, PA, TN

THE RIGHT TO CONVERT

If your long term disability (LTD) insurance ends under your Employer's Group LTD Policy from Standard Insurance Company, you may have a right to buy LTD conversion insurance under the Group LTD Conversion Insurance Policy, without submitting Evidence Of Insurability. You will have this right, called the Right to Convert, within 31 days after the date your LTD insurance ends under your Employer's Group LTD Policy, provided that all of the following conditions are met:

1. Your LTD insurance under your Employer's Group LTD Policy ends for any reason other than:
   (a) The termination or amendment of the Group LTD Policy.
   (b) Your failure to pay the required premium contribution for your LTD insurance; or
   (c) Your retirement, if this restriction is included in your Employer's Group LTD Policy.
2. You have been covered under your Employer's LTD plan for employees for at least one year on the date your insurance ends under the Group LTD Policy.
3. You are not Disabled on the date your LTD insurance ends under the Group LTD Policy.
4. You are under age 70, if this age restriction is included in your Employer's Group LTD Policy.
5. You are a citizen or resident of the United States or Canada.

If you have a Right to Convert, you may apply for coverage under the Group LTD Conversion Insurance Policy by submitting a completed application packet and paying your initial premium within 31 days after the date your insurance ends under your Employer's Group LTD Policy. LTD conversion insurance is not a continuation of insurance under your Employer's Group LTD Policy. Many features of the LTD conversion insurance, such as the Definition Of Disability, Return To Work Provisions, Deductible Income, exclusions and Limitations, etc., may differ from those in your Employer's Group LTD Policy.

HOW TO APPLY

The application packet has two forms. All questions on these forms are important and must be completed. If you have questions while completing your application, please feel free to contact our office.

The two forms in the application packet are:

1. **Application for Long Term Disability Conversion Insurance.**
   - Please answer every question completely. It is important to use your full name (not initials) and the complete name of your Employer, and the Policyholder of the Group LTD Policy, if not your Employer.
   - Determine your Maximum LTD Conversion Benefit.

     The Maximum LTD Conversion Benefit you may select is the smallest of the following amounts:

     (a) $4,000 without Evidence Of Insurability (however, if you provide satisfactory Evidence Of Insurability, this upper limit may be as high as $8,000);

     (b) 60% of your insured Predisability Earnings on the date your LTD insurance ends under the Group LTD Policy; and

     (c) The LTD Benefit payable to you under the Group LTD Policy if you had become Disabled on the day before your LTD insurance ended and you had no Deductible Income.

If you are applying for a Maximum LTD Conversion Benefit of over $4,000, you may contact our office for Evidence Of Insurability forms.

- Determine the cost of your LTD conversion insurance.

  Premiums are payable quarterly, are due in advance on the first day of each quarter, and must be paid directly to Standard Insurance Company at our Home Office. Premium statements will be mailed to your last known address. The cost of your LTD conversion insurance depends on your attained age on the premium due date. Your initial premium should be for the quarter (3 months) beginning with the date your insurance ends under your Employer's Group LTD Policy.

  The cost of your LTD conversion insurance is based on the following formula:
  Maximum LTD conversion Benefit applied for divided by 100, multiplied by the Quarterly Premium Rate for your attained age equals the Premium due.

  Our office will be happy to assist you with your premium calculation.

2. Employer's Statement For LTD Conversion Insurance

- This form must be completed by your Employer or Policyholder for the Group LTD Policy and mailed back to Standard Insurance Company with your enrollment card and a copy of your job description.

You are responsible for making sure all required forms are completed and returned to our office in a timely manner. Processing of your application will begin when both completed forms are received.

Reset

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Application for Long Term Disability Conversion Insurance

For Residents of: AR, CO, DC, KY, LA, NJ, NM, NY, OH, OK, PA, TN

Please print. Complete entire form.

IDENTIFICATION

Name *(last, first, middle)*:			
Street Address:			
City:		State:	Zip:
Soc. Sec. No.:	Phone No.: ( )	Date of Birth *(mo, day, year)*:	Sex: ☐ M ☐ F

DISABILITY

Have you been unable to work because of an illness or injury commencing on or before the date your Group LTD Insurance ended? ☐ Yes ☐ No

If yes, you may be entitled to long term disability benefits if you became disabled while insured under the Group LTD Policy. Check the following box to request long term disability claim forms from The Standard: ☐

GROUP POLICY

Policyholder of Group LTD Policy:	
Group LTD Policy:	Your Occupation:
Date you became insured under the Group LTD Policy:	
Date your insurance ended under the Group LTD Policy:	
Monthly rate of earnings prior to termination:	Effective date of last change in earnings:

Reason for termination of your insurance: _____

_____

_____

OTHER COVERAGE

Are you covered by, or are you applying for, coverage under any other Group Long Term Disability Plan? ☐ Yes ☐ No

If yes, please provide documents describing the coverage or provide the name and address of the organization, employer or carrier providing the coverage.

_____

_____

NOTE: LTD conversion insurance will end if you become eligible for coverage under any employer's group LTD plan.

CONVERSION

The premium for your LTD conversion insurance is based on the Maximum LTD Conversion Benefit you select. The amount you select cannot exceed the smallest of the following amounts: (a) 60% of your insured Predisability Earnings under the Group LTD Policy; (b) $4,000 without Evidence Of Insurability or $8,000 with satisfactory Evidence Of Insurability; or (c) your Maximum LTD Benefit under the Group LTD Policy. The Maximum LTD Conversion Benefit you select will be reduced by Deductible Income as defined in the LTD conversion insurance certificate.

Maximum LTD Conversion Benefit applied for: $ _____

Check here if you are applying for more than $4,000 and need to complete an Evidence Of Insurability Form: ☐
(Your Employer may have a supply of these forms.)

PREMIUMS

LTD conversion insurance becomes effective on:

(1) The date your insurance under your Employer's Group LTD Policy ends, if you apply and pay the first premium on or before that date, (2) The date you apply and pay the first premium if you apply within the 31 days after your insurance under your Employer's Group LTD Policy ends, (3) Insurance subject to Evidence Of Insurability will not become effective until the date we approve your Evidence Of Insurability.

You must apply to convert and pay the first quarterly premium within the 31-day conversion period. Thereafter, payments are due on the first day of each quarter. Please contact our office if you need help calculating your initial premium amount.

Premium Computation:

Your age: _____

Quarterly Rate for your age: _____

Maximum LTD Conversion Benefit applied for:

$ _____ Divided by 100 = _____

Multiply this figure by the Quarterly Rate for your age.

This is your quarterly premium amount: $ _____

Make check payable to:
Standard Insurance Company.

Quarterly Premium Rates per $100 of Monthly Benefit

Age:	Quarterly Rate:
Less than 40	$ 3.50
40-44	6.50
45-49	10.00
50-54	15.00
55-59	22.50
60-64	27.50
65-69	32.50
70-74	60.00
75-79	90.00
80-84	120.00
85-89	150.00
90 or older	200.00

AGREEMENT

I hereby apply for LTD conversion insurance under the Group LTD Conversion Insurance Policy.

I agree that no coverage will take effect until it is approved in writing by Standard Insurance Company. I understand that if this application is not accepted, any premium advanced by me will be refunded.

I hereby represent that all statements on this application are complete and true to the best of my knowledge and belief. I understand that Standard Insurance Company will rely on these statements and this information, along with the Employer's Statement for LTD Conversion Insurance, as the basis for approving this application. I have read and understand the information herein and I acknowledge that I have read and received the applicable fraud notice attached to this form.

Signature of Applicant:	Dated:

FRAUD NOTICE

- FOR RESIDENTS OF ARKANSAS, DISTRICT OF COLUMBIA, KENTUCKY, LOUISIANA, NEW MEXICO, OHIO, OKLAHOMA, TENNESSEE: Some states require us to inform you that any person who knowingly and with intent to injure, defraud or deceive an insurance company, or other person, files a statement containing false or misleading information concerning any fact material hereto commits a fraudulent insurance act which is subject to civil and/or criminal penalties, depending upon the state. Such actions may be deemed a felony and substantial fines may be imposed.
- FOR RESIDENTS OF COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who kindly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- FOR RESIDENTS OF NEW YORK: 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 act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- FOR RESIDENTS OF NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- FOR RESIDENTS OF PENNSYLVANIA: 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 subjects such person to criminal and civil penalties.

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Employer's Statement for Long Term Disability Conversion Insurance

For Residents of: AR, CO, DC, KY, LA, NJ, NM, NY, OH, OK, PA, TN

Please type or print. Complete entire form.

TO BE COMPLETED BY GROUP LTD INSURANCE POLICYHOLDER

Employee's Full Name:		
Employee's Soc. Sec. No.:	Birthdate:	Employee's Occupation:
Policyholder or Employer:		
Group LTD Policy No.:		Effective Date of Group LTD Policy:

Date the employee's group LTD insurance was effective under the Group LTD Policy:

Last work date:

Date on which the employee's group LTD insurance terminated or will terminate:

Reason for termination of group LTD insurance:

Date on which notice of LTD Conversion right was given to the employee:

Employee's monthly rate of earnings prior to termination: $

Employee's monthly insured Predisability Earnings prior to termination *(if different from above)*: $

Effective date of last salary change:

Has the employee been continuously covered under the Employer's group LTD plan for at least 12 consecutive months?
☐ Yes ☐ No

To your knowledge, is or will the terminating employee be eligible for any other employer's group LTD coverage? ☐ Yes ☐ No

If yes, please explain: _____

Does the employee have Group Life Insurance with Standard Insurance Company? ☐ Yes ☐ No

If yes, is this coverage also terminating? ☐ Yes ☐ No

Please attach original LTD enrollment card or form and a job description.

I hereby represent that the above information is true and complete to the best of my knowledge and I acknowledge that I have read and received the applicable fraud notice attached to this form.

Signature of Policyholder's Representative:		Date:	
Title:		Phone No.: ( )	
Address:	City:	State:	Zip:

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- FOR RESIDENTS OF COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who kindly provides false, incomplete, or misleading facts or information to the policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- FOR RESIDENTS OF NEW YORK: 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 act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
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- FOR RESIDENTS OF PENNSYLVANIA: 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 subjects such person to criminal and civil penalties.

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