BOSTON MUTUAL LIFE INSURANCE COMPANY



Telephone #

120 ROYALL STREET • CANTON, MASSACHUSETTS 02021

• NOTICE OF CONVERSION PRIVILEGE FOR GROUP LIFE INSURANCE •

THIS PORTION MUST BE COMPLETED AND SIGNED BY THE EMPLOYER:									
Social Security #	M or F	Amount of Insurance Eligible to Convert Date of Birth		Date of Birth					
			Insurance Termination or Re	duction Date					
Name of Group			Last Day of Full Time Employment						
	Social Security #	Social Security # M or F	Social Security # M or F Amount of Insurance Eligib	Social Security # M or F Amount of Insurance Eligible to Convert Insurance Termination or Re					

THIS PORTION MUST RE COM	ADI ETED AND SICU	NED DV THE EMDL	WEE.

Employer Authorized Signature

SUPPLEMENTARY STATEMENT TO BE ATTACHED TO AND MADE PART OF THE APPLICATION FOR LIFE INSURANCE

The following statement is made as an inducement to the Boston Mutual Life Insurance Company to issue a life insurance contract without a tobacco user's surcharge.

Have you used any form of tobacco products (*cigarettes, pipe, cigars, chewing tobacco, nicotine gum or patches*) within the past 36 months?

Date

Date of this Notice

Signature of Proposed Insured

Your group life insurance has been terminated or reduced as of the Insurance Termination or Reduction Date indicated. However, you can convert to an individual life insurance policy in accordance with the terms of the group policy's Conversion Privilege, summarized in your Certificate. The individual policy will be issued without medical examination based upon the rate applicable to the class of risk to which you belong and to your present attained age.

Please forward the white copy of this completed form to the Group Conversion Department. Boston Mutual Life Insurance Company, 120 Royall Street, Canton, MA 02021. Upon receipt of this form we will forward to you an application with premium rates and instructions. The return of this notice does not bind you in any way to complete an application.

If you choose to apply for an individual life insurance policy, your application must be completed and sent to Boston Mutual Life Insurance Company with the full first premium within 31 days after your group life insurance terminated. If this Notice of Conversion Privilege is given to you more than 15 days after the Termination Date shown above, the conversion period will be extended for a maximum of 15 days from the date you received this notice. However, in all cases the Right to Convert ends on the 91st day after the Termination Date.

NOTE:	This Notice of Conversion application applies to the following states: AL; AK; AZ; DE; DC; FL; HI; ID; IL; KS; ME; MD;
	MA; MO; MT; NE; NV; NJ; NM; OH; OK; PA; SD; TN; VT; WV; WY