

Symetra Group Life Insurance Conversion Kit

Help protect your family's financial future after group coverage ends



Don't leave your life insurance benefits behind

Life insurance is an important part of your family's financial plan. The benefits you have through your current employer don't have to stay behind when you leave. That's because your company's group life insurance policy—offered by Symetra Life Insurance Company—includes a provision called conversion.

The conversion feature allows you to easily convert your Symetra Group Life Insurance Policy to an individual life insurance policy offered through Health Reinsurance Management Partnership (HRMP) and insured by Gerber Life Insurance Company. You can also convert any eligible spouse and dependent coverage.

Why Convert Your Existing Group Life Coverage?

Changing jobs is a busy time for you and your family. There's a lot to consider and you want as few disruptions as possible.

Converting your Symetra Group Life Insurance policy is a simple, convenient way to maintain your current level of life insurance coverage without having to answer additional health questions or go through any type of medical exam.

Getting Started

To apply for conversion to an individual life insurance policy, fill out the enclosed Request for Information Form. This must be completed for any coverage you wish to convert for you, your spouse and/or your dependents.

It's important to get started as soon as possible. HRMP must receive your Request for Information Form **within 31 days** after the date your group life insurance ends.

Contact Information

HRMP

Toll-free: 1-888-999-4767

Local: (978) 762-0661

Fax: (978) 762-4767

Monday–Friday

7:30 a.m. to 5 p.m. (ET)

Frequently Asked Questions

Do I need a medical exam?

No. A medical exam is not required and you will not have to answer any health questions.

How much does it cost?

The actual cost (rate) is determined by your age, gender, the amount of life insurance coverage you elect and other factors. Since rates are personalized for each individual, your HRMP representative will provide this information when you call. Rates are also included in the mailing that HRMP sends once they receive the Request for Information Form.

Can I choose what kind of individual life insurance policy I want?

You can only convert your existing Symetra Group Life Insurance policy to an individual whole life insurance policy.

How long will it take to get coverage?

Your HRMP representative will respond to you by US Mail within two (2) days of submitting your completed request for conversion. If you elect to convert, you must return your completed application within the 31 day conversion period.

Your conversion policy will be effective on day 32 after the conversion period ends.

Will I have life insurance coverage during the conversion process period?

Yes. Your group insurance benefits remain in effect during your 31 day conversion period.

Does my employer need to submit anything?

Yes. The Request for Information Form has two parts—A and B. Your employer needs to complete Part A and you will complete Part B. Your HRMP representative will go over what exactly is required when you call to apply.



Getting Started

Don't miss the deadline to convert your group life insurance coverage. Complete your Request for Information Form today.

Call HRMP at **1-888-999-4767** if you have any questions.



Symetra Life Insurance Company
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www.symetra.com

Symetra® is a registered service mark of Symetra Life Insurance Company.

Group Life is insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA, 98004, and is not available in any U.S. territory. Our New York Company insures products for New York policyholders.

Individual life insurance offered through the Symetra Group Life Insurance Conversion provision is offered through Health Reinsurance Management Partnership (HRMP) and insured by Gerber Life Insurance Company; not affiliated with any of the subsidiaries under Symetra Financial Corporation.

INDIVIDUAL LIFE CONVERSION
Request for Information Form



This form enables you and your insured dependents to obtain information on any right you may have to purchase an individual life insurance policy within **31 days** after your Symetra Group Life coverage ends or is reduced because of termination of employment or a change in your classification. Please complete the information below, if you are interested, and an application and premium costs will be sent. Your application and premium need to be submitted to this office within **31 days** after the date of your Symetra Group Life Insurance ending. **Please review the Conversion Privilege provision in your existing Policy (or if unavailable contact the Employer) to ensure an understanding of your conversion rights, responsibilities and any extension to convert that may be available in your state.**

PART A - EMPLOYER OR ADMINISTRATOR TO CERTIFY

Name of Employee/Member		Symetra Life Insurance Company	
Name of Employer (use name shown in group policy or booklet)		Employer's Policy#	
Employer's Address		Contact Name	
DATE OF GROUP LIFE INSURANCE TERMINATION / /	LAST DATE WORKED / /	TOTAL AMOUNT OF GROUP LIFE INSURANCE ON TERMINATION DATE \$	

Member's Occupation _____ Class: _____ Member's Hire Date ____/____/____

Member's effective date of Symetra Group Life Insurance Coverage under the Group Policy: ____/____/____

Did Member have Dependent Life Insurance on Group Plan? Yes No
 Amount of Spouse Life Insurance \$ _____ Amount of Child Life Insurance \$ _____

REASON FOR TERMINATION:

EMPLOYEE

- Termination of Policy
- Termination of Employment
- Disability
- Other (please explain) _____

DEPENDENT

- Termination of Policy
- Divorce
- Marriage of a child
- A surviving spouse or child of deceased employee
- Other (please explain) _____

Is Employee/Member Disabled? Yes No

Is Employee/Member on Disability? Yes No If Yes, did he/she become disabled prior to age 60? Yes No

Has the insured Member made an Absolute Assignment of the group life insurance to be converted? Yes No
 If yes, please attach a copy of the Absolute Assignment form.

Date on which this Notice was given to Employee/Member ____/____/____

Date Notice Completed / /	Signature of Employer/Administrator	Title	Phone Number ()
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PART B - TO BE COMPLETED BY EMPLOYEE REQUESTING CONVERSION INFORMATION

Name	Soc Sec #	Date of Birth / /	Age	Sex
Home Address Street	City	State	Zip Code	
Phone # ()				

If Spouse or Children are checked above, provide information below:

Name of Dependent(s)	Age	Date of Birth	SS#	Sex	Relationship to you
		/ /			
		/ /			
		/ /			

Employee's Signature _____ Date Completed and Mailed ____/____/____

Mail to: HRMP Life Conversion Facility, 300 Rosewood Drive, Suite 250, Danvers, MA 01923
Toll Free: 1-888-999-4767 Phone: (978) 762-0661 Fax: (978) 762-4767