

# PEBB Life Insurance Conversion

When you terminate your employment or retire, you are entitled to convert your Public Employees Benefits Board (PEBB)-sponsored group life insurance policy to an individual whole life policy. You may do this *without providing proof of good health* when your coverage ends or is reduced under the group plan sponsored by the PEBB. You can also convert the group life coverage on your family members to individual whole life policies for each covered dependent. See your PEBB life insurance booklet for further details or call a customer service representative at ReliaStar Life Insurance Company (1-866-689-6990).

To apply for conversion of your group life insurance, fill out and mail the bottom part of this form to ReliaStar Life Insurance Company. **To protect your right of conversion, this form must be postmarked no later than 31 days (if you are terminating**

**employment) or 60 days (if you are retiring) following the date your group coverage terminates.** When your application is received by ReliaStar, you should expect to receive the company's conversion application within 15 days.

Provided that you apply on time and pay your first premium, the converted policy will take effect either 31 days (for terminating employees) or 60 days (for retiring employees) after the date of termination of your group coverage. **You are covered by the group plan during the 31-day or 60-day conversion period, as long as premiums are paid.** You will be billed directly by ReliaStar Life Insurance Company for all premium payments retroactive to the date your group term life coverage ended. In addition, the company will provide all policy service you may require directly. The Health Care Authority will not be involved.



## For terminating or retiring employees of PEBB-sponsored plans

I am interested in the conversion option described in my Group Insurance Certificate. Please furnish information and the necessary forms.

Employee's name		Social security number — —	Date of birth
Spouse's/qualified domestic partner's name (Complete only if you are interested in converting his or her insurance.)			Date of birth
Phone number	State agency or institution	<b>Reason for Conversion</b> <input type="checkbox"/> Retiring      Date _____ <input type="checkbox"/> Resigning      Date _____ <input type="checkbox"/> Other              Date _____ If other, state reason _____	
Address	Apt./unit number		
City, county, state, and ZIP Code			
<b>Note:</b> If you are disabled and qualify for the waiver of premium benefit, check this box. <input type="checkbox"/>			
Date	Signature		

We will keep your information private as allowed by law. To see our Privacy Notice, call 360-923-2822 or go to [www.hca.wa.gov](http://www.hca.wa.gov).



**Please return to:**  
**ReliaStar Life Insurance Company**  
**P.O. Box 20 - Route 7325**  
**Minneapolis, MN 55440-0020**