

## Instructions for Reliance Standard Life Insurance Continuation

If you terminate your employment with IASIS Healthcare, LLC, or cease to meet the eligibility requirements of the Group Term Life Insurance policy, you may be able to continue coverage under the Conversion provision of the policy.

**Conversion** allows you to continue life insurance protection by converting your Group Term Life insurance to an Individual Permanent Life insurance policy without submitting proof of good health. The premiums for this type of policy are higher than for term insurance since premiums are fixed throughout the life of the policy and it builds cash value.

- As an eligible employee, you are covered under the employer-paid Basic Life plan. Continuation of this coverage is available under the Conversion policy provision. (see the "Group Life Conversion Application" form)
- If you have enrolled in Voluntary Supplemental Term Life coverage, you may choose continuation of this coverage under the Conversion policy provision. (see the "Group Life Conversion Application" form)
- Your Voluntary Supplemental Accidental Death and Dismemberment (AD&D) insurance, if you enrolled, may be continued as follows.

Conversion to an Individual Accident Insurance Policy, limited to your active AD&D coverage amount not to exceed \$250,000. (See the "Application for Conversion to Individual Accident Policy" form)

You may choose to continue the full amount of coverage active at the time of termination, or a lesser amount, subject to the provisions of the Group Policy. **If you desire to continue your life insurance coverage, your completed application must be received by Reliance Standard within 31 days of your date of termination or the last day you were eligible for coverage.**

Please find enclosed the rates and application forms for the Conversion options. It is not necessary to include premium payment with your application; you will receive payment instructions after your application is received. For more information, the Conversion rights for you and any insured dependents are fully explained in your Certificate of Insurance for the Group Term Life and AD&D insurance policies. The Certificate of Insurance is available at your employer's Human Resources Department. For more information regarding the Conversion process, please contact Reliance Standard at (800) 351-7500.

**GROUP LIFE CONVERSION APPLICATION**  
**Reliance Standard Life Insurance Company**

This form is to be used only when an eligible person desires to convert his Group Life insurance to an Individual policy. This form must be completed in full and submitted to the Company within 31 days following the effective date of termination of insurance. The top portion of this form is to be completed by the policyholder, the lower portion by the applicant. You may wish to refer to your policy's Schedule of Benefits page to complete some of the questions on this application.  
Questions? Call Customer Care at 1-800-351-7500.

**When all areas are complete, mail to: Insurance Services**  
**Division of Protective Life Insurance Company**  
**Post Office Box 12687**  
**Birmingham, AL 35202-6687**  
**Fax: (205) 268-3402**  
**Email: ladphs@protective.com**

**TO BE COMPLETED BY POLICYHOLDER**

Name and Address of Group Policyholder and, if applicable, Division Name: IASIS Healthcare, LLC  
Policy No.: GL668964 Policy Eff. Date: 6/1/2014 117 Seaboard Lane, Building E, Franklin TN 37067  
Insured's Full Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Annual Salary/Earnings: \_\_\_\_\_ \$ \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Date Employment Began: \_\_\_\_\_  
Occupation/Job Title: \_\_\_\_\_ Date Last Worked: \_\_\_\_\_  
Scheduled Work Hours: \_\_\_\_\_/week Insured's Premium Paid To: \_\_\_\_\_  
Insured's: Effective Date: \_\_\_\_\_ Insurance Class: \_\_\_\_\_ Insurance Amount: Basic \$ \_\_\_\_\_ Supp \$ \_\_\_\_\_  
Reason Insured Stopped Work (specify): \_\_\_\_\_ Dependent Amt: \$ \_\_\_\_\_  
Conversion Rights Exercised Due To (check applicable response):  
\_\_\_\_ (1) Employee Terminated Employment On: \_\_\_\_\_  
\_\_\_\_ (2) Group Policy Terminated On: \_\_\_\_\_  
\_\_\_\_ (3) Disability of the Insured On: \_\_\_\_\_ Has A Waiver of Premium Claim Been Submitted to RSL? Yes \_\_\_ No \_\_\_  
If No, Please Explain: \_\_\_\_\_  
\_\_\_\_ (4) Other, Please Explain: \_\_\_\_\_  
I have reviewed the information set forth, and represent that to the best of my knowledge and belief it is true and correct.

\_\_\_\_\_  
Signature Of Policyholder's Authorized Representative Title Date Signed  
\_\_\_\_\_  
Phone Number of Representative 20-1150104  
Federal Employer Identification Number

**TO BE COMPLETED BY APPLICANT**

I would like to convert \$ \_\_\_\_\_ of my group life insurance coverage that was in-force prior to the termination date.  
Desired Mode of Premium Payment \_\_\_\_\_ Quarterly \_\_\_\_\_ Semi-Annually \_\_\_\_\_ Annually

**Beneficiary Designation**

Upon the death of the insured, the proceeds of the policy to which this application is attached shall be paid as follows:  
*Primary Beneficiary(s)*  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_  
*Contingent Beneficiary(s)*  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Relationship \_\_\_\_\_ Percentage \_\_\_\_\_  
If more than one primary beneficiary is named and no percentage is indicated, payment will be in equal shares to the surviving primary beneficiary(s). If there are no surviving primary beneficiary(s), the proceeds will be paid to the contingent beneficiary(s). If more than one contingent beneficiary is named and no percentage is indicated, payment will be in equal shares to the surviving contingent beneficiary(s). If there are no surviving contingent beneficiary(s), the proceeds will be paid to the executors, administrators, or assigns of the owner.

Applicant's Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

I have reviewed the information set forth above and represent that to the best of my knowledge and belief it is true and correct.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

# Reliance Standard - Life Conversion Rates

The following are the **annual** rates applicable to the conversion option.

Issue Age	Rate per \$1,000	Issue Age	Rate per \$1,000	Issue Age	Rate per \$1,000
15	\$20.00	43	\$35.32	71	\$167.08
16	\$21.25	44	\$36.75	72	\$179.28
17	\$21.67	45	\$38.50	73	\$192.12
18	\$21.87	46	\$40.50	74	\$206.37
19	\$22.20	47	\$42.25	75	\$222.60
20	\$22.30	48	\$44.85	76	\$240.06
21	\$22.35	49	\$46.75	77	\$258.80
22	\$22.48	50	\$49.08	78	\$279.82
23	\$22.57	51	\$51.74	79	\$302.24
24	\$22.63	52	\$54.50	80	\$325.90
25	\$22.70	53	\$57.75	81	\$351.11
26	\$22.79	54	\$61.56	82	\$377.34
27	\$22.89	55	\$65.09	83	\$405.32
28	\$23.17	56	\$69.00	84	\$435.22
29	\$23.23	57	\$73.29	85	\$466.82
30	\$23.75	58	\$77.97	86	\$499.98
31	\$24.50	59	\$82.14	87	\$534.31
32	\$24.55	60	\$87.60	88	\$569.45
33	\$25.25	61	\$93.53	89	\$608.70
34	\$25.81	62	\$99.94	90	\$644.27
35	\$26.50	63	\$106.22	91	\$680.55
36	\$27.25	64	\$113.23	92	\$715.39
37	\$28.00	65	\$121.68	93	\$750.11
38	\$28.86	66	\$130.19	94	\$781.68
39	\$30.00	67	\$139.50	95	\$810.35
40	\$31.52	68	\$149.68	96	\$829.35
41	\$32.25	69	\$156.00	97	\$829.35
42	\$33.75	70	\$156.06	98+	\$829.35

Premiums are billed directly to the Insured on a quarterly (annual/4), semi-annual (annual/2), or annual basis.

Note: Rates are subject to change

**RELIANCE STANDARD LIFE INSURANCE COMPANY**

**APPLICATION FOR CONVERSION TO INDIVIDUAL ACCIDENT POLICY**

This form must be completed in full and submitted to Reliance Standard Life Insurance Company within 31 days following date of termination of insurance.

SEND TO: Reliance Standard Life Insurance Company  
Attention: Annuity New Business  
2001 Market Street, Suite 1500  
Philadelphia, Pennsylvania 19103-7090

**VERIFICATION OF INSURED PERSON'S ELIGIBILITY FOR CONVERSION OF GROUP VOLUNTARY ACCIDENT INSURANCE**

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**To be Completed by Policyholder**

Date \_\_\_\_\_

1. Insured Person's full name \_\_\_\_\_  
(Please Print)
2. Insured Dependent Spouse's full name, if applicable \_\_\_\_\_  
(Please Print)  
Insured Dependent Children's full names, if applicable \_\_\_\_\_  
(Please Print)
3. Group Policy No. VAR672937
4. Name of Group Policyholder IASIS, Healthcare, LLC
5. Federal Employer Identification No. 20-1150104 Branch or Location \_\_\_\_\_  
(if different from 4)
6. Date of Termination of Insurance \_\_\_\_\_  
Reason \_\_\_\_\_
7. If Employment Termination, Date Person last worked \_\_\_\_\_
8. If (6) & (7) differ, please explain \_\_\_\_\_
9. Amount of Group Insurance in force on this individual under the Group Policy on date of termination of insurance: \$ \_\_\_\_\_
10. Amount of Group Insurance in force on Dependents under the Group Policy on date of termination of insurance, if applicable: Spouse \$ \_\_\_\_\_ Child(ren) \$ \_\_\_\_\_
11. Verified by \_\_\_\_\_

I have reviewed the information set forth, and certify that it is true and correct.  
(Signature and title of authorized individual)

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**APPLICATION FOR CONVERSION  
To Be Completed By Insured**

Application is hereby made for conversion to an individual accident policy. I desire to convert \$ \_\_\_\_\_ of my accident insurance to an individual policy. I desire to convert \$ \_\_\_\_\_ of insurance for my dependent spouse and \$ \_\_\_\_\_ of insurance for my dependent children to an individual policy, if applicable. Enclosed is my check for the annual premium, made out to Reliance Standard Life Insurance Company, in the amount of \$ \_\_\_\_\_.

**GROUP ACCIDENT POLICY CONVERSION RATES**  
**ALL RATES ARE ANNUAL PER \$1,000.00 OF COVERAGE**

<u>Age</u>	<u>Rate</u>
0-39	\$1.30
40-49	\$1.45
50-59	\$1.65
60-64	\$2.25
65-69	\$3.00
70 +	\$6.00

RATING EXAMPLE: If a 52 year old insured wishes to convert \$50,000.00 of coverage, the annual cost would be \$82.50 (\$1.65 X 50). NOTE: Conversion rates for your spouse and each dependent should be calculated separately based on their amount of insurance, if applicable.

Beneficiary Designation

<u>Name</u>	<u>Relationship</u>	<u>Social Security Number</u>	<u>% of Proceeds</u>
Primary:	_____		
	(please print)		
Contingent:	_____		
	(please print)		

I have read the statements set forth and certify that they are accurate and complete. I understand that this insurance will be issued in reliance upon such statements.

Address \_\_\_\_\_  
(Street) (City, State, Zip)

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Insured Dependent Spouse's: date of birth and Social Security Number, if applicable:

\_\_\_\_\_

Insured Dependent Children's Names, Dates of Birth and Social Security Numbers, if applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Proposed Insured's Signature

\_\_\_\_\_  
Date Signed