FOR OFFICE USE ONLY
POLICY NUMBER

APPLICATION TO

Anthem® Life

1801 Watermark Dr., Suite 200
Columbus, OH 43215-7088
1-800-551-7265

For Group Life Insurance To Individual Coverage (non-participating)

INSTRUCTIONS

This Application must be submitted before the expiration of 31 days from the date of termination of Applicant's Group Insurance. This Application must be made by the person whose life is to be insured. Each and every question requires a full and complete answer. Any erasures or alterations must be initialed by the Applicant. A check or money order for the first premium must accompany this Application. Return to Anthem Life Insurance Company at the above address.

PRINT OR TYPE ALL INFORMATION

1. ☐ Mr. ☐ Miss ☐ Mrs. ☐ Ms.	APPLICANT LAST NAME	FIRST NAME	OTHER NAME(S)
2. ADDRESS (Street, City, State, Zip Code)			TELEPHONE NUMBER ( )
3. BIRTHDATE Month / Day / Year	4. AGE NEAREST BIRTHDAY	5.MARITAL STATUS ☐ MARRIED ☐ SINGLE ☐ WIDOWED ☐ DIVORCED	
6.PRESENT OCCUPATION		7. SOCIAL SECURITY NUMBER	8. GROUP LIFE CERTIFICATE NUMBER

9. The Applicant is to be the Owner of the Policy unless another is designated as follows:

OWNER NAME	RELATIONSHIP TO APPLICANT
ADDRESS (Street, City, State, Zip Code)	

10. **PLAN APPLIED FOR**	WHOLE LIFE NON-PARTICIPATING	AMOUNT APPLIED FOR $	TOTAL ANNUAL PREMIUM $	AMOUNT PREMIUM PAID NOW $	PAYMENT MODE ☐ Quarterly ☐ Annually ☐ Semiannually

11. SEND PREMIUM NOTICES AND MAIL TO:
☐ Applicant Address (See 2.) ☐ Owner Address (See 9.)
☐ Other: _____

12. APPLICANT GROUP INSURANCE TERMINATED DUE TO TERMINATION OF:
☐ Employment ☐ Master Policy ☐ Membership in Eligible Class

TERMINATION DATE Month / Day / Year

13. Does the Applicant desire automatic loan provision if available? ☐ Yes ☐ No

12. **BENEFICIARY DESIGNATION**

Give the full legal name of each beneficiary (for a married woman, give her first, maiden, and married names, for example: "Mary Scott Smith," NOT "Mrs. John Smith"). "First" means the person, or persons, who will receive the benefits of the Insured's death — "Contingent" means the person, or persons, who will receive the benefits if the first Beneficiary is not living at the time of the Insured's death.

The right to change the beneficiary is _____ reserved to the Owner.

I request that payment of the death benefits be made in accordance with the Policy provisions and the beneficiary designations indicated below.

	NAMES	RELATIONSHIP	AGE
FIRST			
CONTINGENT			

I hereby apply to Anthem Life Insurance Company for a policy of insurance upon my life in accordance with the Conversion Privilege of Group Policy Number _____, issued to _____, Employer, and in consideration of the issuance by Anthem Life Insurance Company of the policy herein applied for, I hereby declare that the statements and answers set out above are completed and true and I agree that they shall form a part of the policy issued by Anthem Life Insurance Company upon my life.

Dated at _____ this _____ day of _____
CITY AND STATE

_____ _____
WITNESS SIGNATURE APPLICANT SIGNATURE