

## **BOSTON MUTUAL PORTABILITY AND CONVERSION INFORMATION**

### Portability

**If the insured is under age 60, he/she can “port” life insurance. That is, it can be continued as term life insurance until age 70. The ported coverage is guarantee issue if implemented within 31 days of retirement.**

Portability enables the insured employee to continue all of their Group Term Basic Life Insurance\* and/or Voluntary Life Insurance, including any Voluntary Life Insurance in effect on the spouse and children, upon leaving employment.

Portable Life Insurance is Group Term Life Insurance that does NOT include Waiver of Premium or Accidental Death and Dismemberment coverage.

If you are interested in purchasing Portable Life Insurance, please complete and return the attached notice to:

Group Billing Department  
Boston Mutual Life Insurance Company  
120 Royall Street  
Canton, MA 02021-1098

**Note: Because employees have only 31 days from the date employment ends, it is extremely important that the Employer provide them with this form on or before the date of termination.** The portability feature is not available if the coverage terminated due to cancellation of the Group Policy.

### Conversion

**Conversion to permanent life is another continuation option to an insured regardless of his/her attained age at retirement. The conversion policy is guarantee issue if implemented within 31 days of retirement.**

Use this form when an employee's group life insurance is reduced or cancelled due to age or termination of employment, including retirement.

Note: Because employees have only 31 days\* from the date of reduction or termination to exercise the conversion privilege, it is extremely important that you provide them with this form on or before the date of reduction/termination.

**The Employer/Plan Administrator (or an authorized representative) should complete the top portion of the form, including:**

Name, Sex, Date of Birth and Address of the Employee  
Amount of Insurance:  
Terminations-not more than amount in force prior to termination of coverage  
Reductions- not to exceed amount of coverage reduced by age  
Insurance Termination or Reduction Date  
Policy Number  
Name of Group  
Date of this Notice (date form is given to employee)  
Employer Authorized Signature

The Employee should complete the remainder of the form.