

6. EMPLOYER TO COMPLETE

Applicant's name			
Employer's name		Group account number	Unit number
Employer's address			
City		State	ZIP
		Phone number	
Date applicant last worked		Date insurance terminated (if different from date last worked)	
If date last worked differs from date insurance terminated, explain:			
If applicant ceased work due to illness or injury, has he or she been offered any applicable continuation rights due to disability? yes no (Please consult your group policy or administrative instructions.)			
Maximum amount eligible for conversion on termination date \$ _____			

(Signature of planholder)		(title)	(date)