

**Request for Group LTD  
Conversion Insurance**



The Northwestern Mutual Life Insurance Company  
Group Insurance Administration  
Post Office Box 2177, Portland, OR 97208-2177  
Telephone (800) 378-4665

**RESIDENT**

**IMPORTANT INFORMATION  
FOR OWNERS OF THE NORTHWESTERN MUTUAL LIFE INSURANCE COMPANY  
GROUP LONG TERM DISABILITY (LTD) CERTIFICATES**

Under your Northwestern Mutual Life Group LTD Insurance you may have the right to convert your group LTD coverage to Conversion Insurance IF APPLICATION IS MADE AND PREMIUMS ARE PAID WITHIN 31 DAYS of the date of termination of your group long term disability insurance coverage. This option to convert may be very valuable to you, as Evidence of Insurability may not be required. If you want to apply for conversion coverage, complete and return this form. The necessary information and forms will be mailed to you.

===== PLEASE PRINT =====

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(street address)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code)

Phone Number: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Citizen or resident of:  United States  Canada  Other \_\_\_\_\_

Occupation when coverage ended: \_\_\_\_\_ Monthly Insured Earnings: \$ \_\_\_\_\_

Group Name: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Group Number: L \_\_\_\_\_ Date your employment ends: \_\_\_\_\_

Reason for termination of LTD coverage:  Promotion  Retirement  Other \_\_\_\_\_

Is your employment terminating because you are unable to work due to sickness or injury?  Yes  No

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**RETURN THIS FORM TO THE ADDRESS ABOVE IF YOU WANT TO APPLY FOR CONVERSION COVERAGE.**