ARGUS
Our Interest is You.

Application for Conversion to Individual Health Plan
Bermuda Life Insurance Company Limited

☐ Essential Plan ☐ Vital Plan ☐ Classic Plan ☐ Classic Plan with Dental & Vision

A. Applicant Information

☐ Mr. ☐ Mrs. ☐ Ms ☐ Miss			Sex ☐ M ☐ F
Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YY)

Marital Status: ☐ Single ☐ Married ☐ Separated/Divorced ☐ Widowed

Mailing Address			
Cell Phone	Work Phone	Home Phone	Email

B. Dependent Information if coverage is required

Last Name	First Name	Middle Initial	Sex	Date of Birth (MM/DD/YY)	Relationship

C. Coverage Details

Prior Group Coverage with:	Certificate #:	Class:

D. Special Notice

Any person, who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits a declaration or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

E. Declaration

I understand that following the termination of my Group Coverage I am entitled to convert to an Individual Health Plan offered by Bermuda Life Insurance Company Limited, a member of the Argus Group, within 31 days following termination of my Group Coverage in order to avoid medical underwriting. The benefits and premiums for Individual coverage have been explained to my satisfaction. I further understand that these benefits are not the same as I had under my Group Plan and that payment of the first month's premium and administration fee must accompany this Application.

Would you like to receive your Individual Health Policy and monthly bills by email? ☐ YES ☐ NO

Applicant's Signature (Parent or Guardian if child): _____ Date (MM/DD/YYYY) _____

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Effective date of Health Plan:			Premium Received $:	
Premium Calculation: Applicant	Spouse	Child	Total	Administration Fee

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Recorded in the system by	Date (MM/DD/YY)