

**EXPLANATION OF BASIC FORMS
FOR ADMINISTRATION OF LIFE INSURANCE POLICY**

Enrollment Form

To be completed, signed and witnessed for all eligible employees of the Company to be covered for life insurance who are required to complete an enrollment form. All newly hired employees to be covered under the group insurance policy must fill out an enrollment form. These forms should be forwarded to Amalgamated Life or retained by the Policyholder.

Change of Beneficiary and/or Change of Name Form

This is used if an employee has completed an enrollment form, and he or she is changing either a) his/her choice of beneficiary or b) his/her name.

Request for Conversion Information and Conversion Information Booklet

These are applicable to:

- a) Employees and dependents who were covered for life insurance under the group policy and who subsequently terminate employment and wish to convert to an individual life insurance policy for which they would pay their own premiums;

OR

- b) Employees and dependents that have attained the age at which their life insurance amounts begin to reduce. These individuals may wish to convert to an individual policy, the part of their group coverage is being reduced.

Such individuals should be furnished with a Request for Conversion Application. At such time, you or your Company should forward the Request for Conversion Application to Amalgamated Life for additional information.

Notice of Death Form

This form should be used for reporting claims. It should be forwarded to us along with proof of eligibility as of the last date worked or date of death and proof of the designated beneficiary.

Waiver of Premium Application (Not Included)

If this benefit is applicable to your group life policy please contact your group administrator for additional information.

We would like to emphasize that individuals who need extra space for providing information on any of the above forms may write the information on a separate page signed and dated and attached to the appropriate form.

If you need assistance regarding procedures for completing any of the above forms, we will be happy to be of service.

**Amalgamated Life Insurance Company
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White Plains, NY 10604-2910
(914) 367-5000**