



Kansas City Life Insurance Company
 PO Box 219425
 Kansas City, MO 64121-9425

**NOTICE OF CONVERSION RIGHT
 UNDER GROUP LIFE INSURANCE POLICY**

Issued by Kansas City Life Insurance Company (hereinafter called the Company), Kansas City, Missouri

EMPLOYER NAME _____ GROUP POLICY NO. _____

TO _____
 (Name of employee/insured)

Effective _____ your eligibility for insurance under a Group Life Insurance policy issued by the Company
 (Last Day of employment (mm/dd/yy))
 to the Policyholder has terminated. This is to notify you that under the terms of the Policy you may convert your Life Insurance coverage to an individual policy of Life Insurance (except Term Insurance), without disability or supplemental benefits, by making written application and payment of the first premium to the Company at its Home Office in Kansas City, Missouri. The application and premium payment must be made within thirty-one days after the date specified above or within fifteen days of the date of this notice, whichever date is later, but in no event later than ninety days from the termination date.

DATED _____ BY _____
 Authorized signature of Employer

Please give original copy to the employee/insured, make a copy for employer files, and make and send a copy to Kansas City Life Insurance Company.