

Notice of Conversion Privilege

Insurance options for plan members on termination of group benefits



Note to Group Benefits Administrator: Please complete and provide this Notice of Conversion Privilege form to a plan member whose life and/or spouse's life insurance is reducing or ending due to termination. This form does not apply to active plan members who choose to cancel or reduce their coverage.

We're here to help

You have options for continuing or converting some of your group benefits. Listed below you'll see a brief outline of what is available to you. To help you fully understand your options, you can talk to one of our licensed Financial Services Consultants¹. They'll answer any questions you may have and guide you through the enrolment process, if applicable. To reach a Consultant please call **1-877-893-9893** any business day from 8 a.m. to 8 p.m. ET.

Life insurance

You, your spouse and dependent children² can choose one of the following options when your group life coverage ends or reduces. A consultant can help you decide the best option for you:

- Guaranteed life insurance conversion** – Within 31 days of the date your group coverage ends, you can convert all, or a portion of your coverage to an individual policy with no health questions or medical test. When you apply, we will provide a referral to a Sun Life Advisor. Based on the maximum and age limits in the group contract, they will convert the coverage.
- My Life Choice** – Within 60 days of the date your group coverage ends, if you and/or your spouse are age 65 or under, you can continue your coverage (up to \$1 million) under your own individual policy. We will ask you a few health questions to help determine eligibility. When you apply, there is no need for a medical exam.

Health and dental insurance

You, your spouse and dependent children have the option of maintaining health care and dental coverage under our **Health Coverage Choice** plan. You must be between the ages of 18-74 to convert your coverage within 60 days of the date your group coverage ends. No appointment is necessary and no medical exam is required.

Critical illness insurance

If you currently have group coverage for critical illness insurance through Sun Life and are 69 and under you, your spouse and children may be eligible to convert your coverage up to a maximum of \$100,000 for adults and \$20,000 for children. You must convert your coverage to the **Choices Critical Illness Insurance** plan within 60 days of the date your group coverage ends.

The following chart provides you with information you will need in order to continue your group coverage with Sun Life.

Contract holder	Life contract number	CI policy number	Location/Billing group number	Member ID number
Member's last name	First name		Termination date (dd-mm-yyyy) (when member's insurance ceased or reduced)	
Spouse's last name	First name		Termination date (dd-mm-yyyy) (when spouse's insurance ceased or reduced)	
Dependent's last name (if applicable)	First name		Termination date (dd-mm-yyyy) (when member's insurance ceased or reduced)	
Dependent's last name (if applicable)	First name		Termination date (dd-mm-yyyy) (when member's insurance ceased or reduced)	
Dependent's last name (if applicable)	First name		Termination date (dd-mm-yyyy) (when member's insurance ceased or reduced)	
Dependent's last name (if applicable)	First name		Termination date (dd-mm-yyyy) (when member's insurance ceased or reduced)	

Member details

Basic life amount	Optional life amount	Basic CI amount	Optional CI amount
\$	\$	\$	\$
Effective date (dd-mm-yyyy)	Effective date (dd-mm-yyyy)	Effective date (dd-mm-yyyy)	Effective date (dd-mm-yyyy)

Spouse details

Basic life amount \$	Optional life amount \$	Basic CI amount \$	Optional CI amount \$
Effective date (dd-mm-yyyy)	Effective date (dd-mm-yyyy)	Effective date (dd-mm-yyyy)	Effective date (dd-mm-yyyy)

Dependent(s) details

Last name		First name	
Basic CI amount \$	Effective date (dd-mm-yyyy)	Optional CI amount \$	Effective date (dd-mm-yyyy)

Last name		First name	
Basic CI amount \$	Effective date (dd-mm-yyyy)	Optional CI amount \$	Effective date (dd-mm-yyyy)

Last name		First name	
Basic CI amount \$	Effective date (dd-mm-yyyy)	Optional CI amount \$	Effective date (dd-mm-yyyy)

Last name		First name	
Basic CI amount \$	Effective date (dd-mm-yyyy)	Optional CI amount \$	Effective date (dd-mm-yyyy)

¹ Registered as a Financial Security Advisor in the province of Quebec.

² Quebec residents only, some conditions may apply.