

# 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 Consultants<sup>1</sup>. 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 children<sup>2</sup> may be able to convert your group life insurance through Sun Life within 31 days of the date your group coverage ends. A consultant can help you determine which option is best suited for you:

1. **Guaranteed life insurance conversion** – you may be able to convert all, or a portion of your group coverage into an individual policy with no health questions or medical tests required when you apply. We'll provide a referral to a Sun Life Financial Advisor who can convert the coverage (subject to maximum and age limits in the group contract).
2. **My Life Choice** – If you and/or your spouse are age 65 or under you may be eligible<sup>3</sup> to continue your level of life insurance coverage (up to a maximum of \$1 million) under your own individual policy. You'll simply be asked a few health questions to help determine eligibility. There's no need for a medical exam when you apply.

### Health and dental insurance

You, your spouse and dependent children have the option of maintaining health care and dental coverage under our **My Health 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<sup>3</sup>. 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<sup>3</sup>.

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

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 (if applicable)	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 dependent's insurance ceased or reduced)		— —
Dependent's last name (if applicable)	First name	Termination date (dd-mm-yyyy) (when dependent's insurance ceased or reduced)		— —
Dependent's last name (if applicable)	First name	Termination date (dd-mm-yyyy) (when dependent's insurance ceased or reduced)		— —
Dependent's last name (if applicable)	First name	Termination date (dd-mm-yyyy) (when dependent'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) - -

<sup>1</sup> Registered as a Financial Security Advisor in the province of Quebec.

<sup>2</sup> Quebec residents only, some conditions may apply.

<sup>3</sup> Must be actively at work when your employee group coverage ends. Not eligible to enroll if you are leaving a retiree group plan.

Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.