

# Sun Life Financial

## Notice of Group Life Conversion



### Instructions for the Employer

- Questions about Group Conversion? Call our Customer Service Center at 1-800-247-6875.
1. Complete sections 1, 2 and 3. Sign and date this form.
  2. Present this form to the employee. **Inform the employee that he or she has 31 days from the date of termination (or the date benefits were reduced) to submit an application and first payment for individual coverage.**

### 1 Policy Information

To be completed by Employer	Name of group policyholder (i.e. employer or company name) Marist College	Policy number 810015
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### 2 Employee Information

To be completed by Employer	Employee name (last, first, middle initial)		Social Security number	Date of birth
	Hours worked weekly	Date of hire	Date last worked	Date of disability
	Insurance effective	Date of reduction or termination of group life insurance		Date of last salary increase
	Basic annual salary \$	Amount of coverage lost: Basic: \$                      Optional: \$		Class description

1. This employee's Group Life benefits are being .....  Reduced     Terminated
2. Did the employee stop working due to accidental injury or sickness? .....  Yes     No     N/A
3. Has a Waiver of Premium claim been filed? .....  Yes     No     N/A
  - a. If yes, what was the determination?.....  Approved     Denied     Pending
4. Are premiums still being paid by the employer under the Continuation provision? .....  Yes     No

### 3 Dependent Information

To be completed by Employer	Dependent name (last, first, middle initial)	Amount of coverage lost: Basic: \$                      Optional: \$
	Dependent name (last, first, middle initial)	Amount of coverage lost: Basic: \$                      Optional: \$

To be eligible to convert, a dependent must have been covered under the group policy. For more information about Group Life Conversion for dependents, please call our Customer Service Center at 1-800-247-6875.

### 4 Signature

To be completed by Employer	Name of employer administrative contact	Phone number
	Signature of administrative contact X	Date

## Information for the Employee: About Group Life Conversion

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If you're leaving your job, or you've reached the age at which Group Life insurance coverage from your employer may be reduced or eliminated, how do you maintain the protection that life insurance offers?

Many people don't realize that they may be eligible to convert their Group coverage to an **individual** policy and keep the same level of coverage even after they've left their job or reached a certain age.

It's called **Group Life Conversion**, and it's available to you if your employer or plan administrator has a Sun Life Group Life policy. If you're insured under the terms of the group policy, you have the option of converting to a Sun Life individual life policy without having to provide any additional medical information. You have 31 days from the date of termination to apply to Conversion.

## How to apply for Conversion

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1. Have your employer complete page 1 of this form. You'll need the information supplied by your employer to continue with the Conversion process. **Please retain this form. You will need to submit a copy of it with your application.**
2. Call our Customer Service Center at 1-800-247-6875.
3. Tell us you want a Group Life Conversion application. We need specific information from you before we will send out the application. When we ask, please be ready to provide:
  - Your Group Policy number
  - Your name, address and date of birth
  - Your Social Security number
  - The name and address of the employer where you last worked
  - The amount of Group Life coverage that was terminated or reduced
  - Name(s) of any covered dependents who are also converting
  - Termination date or date benefits were reduced

## Important Reminders

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You have limited time to apply for conversion. We must receive your application and first premium payment within 31 days of the date of termination.

Your rates are based on the class of risk to which you belong and your age at your nearest birthday.

Following receipt of your application, we will write to inform you whether or not your application is approved.

Insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states except New York. In New York, insurance policies are underwritten by Sun Life Insurance and Annuity Company of New York (New York, NY). Product offerings may not be available in all states and may vary depending on state laws and variations.

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

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