

Group Life Conversion Privilege Notification

Employee Section

If your group life insurance has been terminated or reduced, you are entitled to purchase a conversion life insurance policy, without providing medical evidence of insurability. Your completed application for conversion must be received by Great-West Life within **31 days** after your group insurance terminates or reduces.

You can also apply for an individual insurance policy, which provides more flexible and personalized coverage, however, you will be required to provide medical evidence of insurability satisfactory to the insurer. If you apply for a Great-West Life individual life insurance policy within 31 days of your group insurance reduction/termination, and you do not qualify medically, we will automatically proceed with a conversion life insurance policy that does not require medical evidence.

To convert your group life insurance to a Great-West Life conversion or individual life insurance policy, you must contact a Great-West Life financial security advisor and provide him/her with this form. If your current advisor is licensed to sell Great-West Life products, he/she can assist you in the conversion process. Otherwise, please contact the toll-free number below to be connected to your local Freedom 55 office for support.

Toll-Free Number: 1-800-665-0551

Employer Section

Complete the fields below, give the original of this form to the employee upon termination or reduction of coverage, and keep one copy for your files.

1. Employee Information

Employee's Name	BID	Sex	Month	Date of Birth Day	Year
Address			Telephone No. ()		

2. Group Life Insurance Information

Indicate which health and welfare trust is providing the employee's Group Life insurance.

- ☐ Healthcare Benefit Trust Policy #16277
 ☐ Joint Community Benefits Trust Policy #168689
☐ Joint Facilities Benefits Trust Policy #168688
 ☐ Joint Health Science Benefits Trust Policy #168687

Amount Eligible for Conversion \$	Date Insurance Terminated or Reduced Month Day Year
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3. Employer Information

Name of Employer (Please print)	Employer Site	Telephone No. ()
Employer Representative (Please print)	Employer Representative signature	Date Signed (Month/Day/Year)

- > There may be a maximum conversion age, please check with your Employer to confirm.
- > If you are able to convert, there is a limit to the maximum amount that can be converted, for example:
 - ◆ if under age 65 at date of conversion: \$200,000
 - ◆ if age 65 or older at date of conversion: \$50,000
 - ◆ the maximum a person may convert when their benefit reduces at age 65 is \$50,000
- > The convertible amount is the lesser of the in-force amount vs. conversion maximum indicated above reduced by any amounts the person has already converted under the policy.