

# Group Life Conversion Privilege Notification

## Employee Section

If your Canada Life group life insurance has been terminated or reduced, you may be able to purchase an individual life insurance conversion policy, without providing medical evidence of insurability. The life conversion application must be received by Canada Life within **31 days** after your group coverage terminates or reduces. Here's what you need to do to convert your group life insurance:

**Step 1:** Give this completed Group Life Conversion Privilege Notification form to your Life Insurance advisor.

- a) If you do not have an advisor or your advisor is not licensed to sell Canada Life products, please visit [www.canadalife.com/find-an-advisor.html](http://www.canadalife.com/find-an-advisor.html), select Convert my group life insurance, under Existing Customers and complete the information form.

After you submit the form, an advisor will contact you and explain the life conversion options available so you can make the right choice based on your insurance needs.

- b) You may also speak to a customer service representative by calling: 1-888-252-1847. The customer service representative will assist in connecting you with an advisor.

**Step 2:** After you have decided on your life conversion option, the advisor will submit the completed and signed application, with the first full premium payment to Canada Life for processing. This application process must be completed within 31 days after your group insurance terminates or is reduced.

## 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 | Gender<br><input type="checkbox"/> Male <input type="checkbox"/> Undisclosed<br><input type="checkbox"/> Female <input type="checkbox"/> Other | Date of Birth<br>Month   Day   Year |
| Address         |     | Email Address  | Telephone No.<br>(    )             |

### 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<br>\$ | Date Insurance Terminated or Reduced<br>Month   Day   Year |
|--------------------------------------|--|

### 3. Employer Information

|  |                                   |                              |
|--|-----------------------------------|------------------------------|
| Name of Employer (Please print)        | Employer Site                     | Telephone No.<br>(    )      |
| 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 if 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.