

## NOTICE OF CONVERSION PRIVILEGE ON GROUP LIFE BENEFIT

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

### GROUP LIFE INSURANCE

You will lose group life insurance provided through your employment 31 days after the termination date shown below. **If you do not contact Sun Life Assurance Company of Canada within 31 days, you will lose your right to convert.**

Within 31 days of the termination date you may convert your Group Life Insurance to an Individual Life policy regardless of the state of your health. The premium rate would be that applicable to the class of risk, your age and the plan selected. During the 31 day period allowed for completion of a conversion application, your Group Life benefits will remain in force without a charge of premium.

### FOR FURTHER INFORMATION

If you are interested in obtaining additional information about this conversion privilege or wish to make an application for Life Insurance, please contact 1 800 SUN-LIFE (1 800 786-5433). Once you have chosen your language of preference then please select option 1 and then option 2.

**SEND WHITE** - TO TERMINATING INSURED EMPLOYEE

**SEND YELLOW** - TO SUN LIFE ASSURANCE COMPANY OF CANADA, GROUP CLIENT SERVICES, PO BOX 11010 STN CV, MONTREAL QC H3C 4T9

Contract Holder		Contract Number	Location Name/Number	
Member's Family Name	Given Name(s)	Member I.D. Number	Date of Birth (Member) year   month   day	
Member's Address Number and Street				
Address (continued) City or Town   Province   Postal Code			Telephone Number	
Life Amount(Member) Basic   Optional \$   \$		Classification or Salary	Occupation	Termination Date <small>(The date when the member insurance ceased or reduced)</small>
Name (Spouse)	Date of Birth (Spouse)	Life Amount (Spouse) Basic   Optional \$   \$		

Date \_\_\_\_\_

\_\_\_\_\_  
Group Insurance Administrator