

**Plan Member/Spouse Section**

If your Great-West group life insurance has been terminated or reduced, you may be entitled to purchase a conversion life insurance policy, without providing medical evidence of insurability if:

- > it is within the provisions of your group insurance contract, and
- > your completed application for conversion individual insurance and the first premium in full is received by Great-West or Freedom 55 Financial 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 or Freedom 55 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 or Freedom 55 conversion or individual life insurance policy, you must contact a Great-West or Freedom 55 Financial security advisor and provide him/her with this form. If your current advisor is licensed to sell Great-West or Freedom 55 products, he/she can assist you in the conversion process. Otherwise, please contact the advisor listed below, or visit our Web sites at [www.gwl.ca/group](http://www.gwl.ca/group) or [www.freedom55financial.com](http://www.freedom55financial.com) and click on "Contact Us" to find The Resource Centre or Freedom 55 Financial office in your area.

**Plan Administrator Section**

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

**1. Financial Security Advisor Information (if applicable)**

Conversion Contact	Telephone No. (    )	Fax No. (    )
Address		

**2. Plan Member/Spouse Information**

Plan Member's Name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Month	Date of Birth Day	Year
Spouse's Name (if eligible for spousal conversion)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Month	Date of Birth Day	Year
Address			Telephone No. (    )	

**3. Group Life Insurance Information**

Group Policy Name:					
		Policy No.:	Reduced/Terminated Amount:	Combined Conversion Maximum:	Date Insurance Reduced/Terminated (Month/Day/Year)
<b>Plan Member</b>	Basic		\$	\$	(Month/Day/Year)
	Optional		\$		(Month/Day/Year)
	Supplementary		\$		(Month/Day/Year)
<b>Spouse</b>	Basic		\$	\$	(Month/Day/Year)
	Optional		\$		(Month/Day/Year)

**4. Plan Administrator Information**

Date (Month/Day/Year)	Name of Plan Administrator (Please print)
Telephone No. (    )	Plan Administrator signature