



Notice of Conversion Privilege

All or a portion of your group Life insurance has been terminated as of the termination date indicated.

You are hereby notified that you are entitled to convert the terminated group Life insurance to an individual Life insurance policy in accordance with the terms of the group policy's conversion privilege, summarized in your Certificate of Group Insurance. The individual policy will be issued, without medical examination, at a premium based upon the rate applicable to the class of risk to which you belong and your attained age on the effective date of the individual policy.

An application for conversion and quote can be obtained by submitting this Notice of Conversion Privilege form to the email address, fax or address shown below.

Your application must be completed and sent to Sun Life Financial with the first full premium:

- A. within 31 days after the termination date indicated, or,
B. within 15 days after the date of this notice, provided this notice is dated more than 15 days after the termination date.

Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number \_\_\_\_\_ email address \_\_\_\_\_

\* Group policyholder \_\_\_\_\_

Group policy number \_\_\_\_\_

Termination date \_\_\_\_\_ Date of this notice \_\_\_\_\_

Original effective date \_\_\_\_\_ Life Amount terminated \$ \_\_\_\_\_

Reason for termination \_\_\_\_\_

Date of birth \_\_\_\_\_ Totally disabled? [ ] Yes [ ] No

\*If the group policy is self-administered or Third Party Administered, an employer signature is required to verify the above employee information.

Employer signature \_\_\_\_\_ Title \_\_\_\_\_

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