

# 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.
- c) You may also reach us by email: [stay\\_covered@canadalife.com](mailto:stay_covered@canadalife.com)

**Step 2:** After you have decided on your life conversion option, the advisor will submit the completed and signed application, with the member's first full premium payment to Canada Life for processing. The application process must be completed within 60 days after your group life insurance terminates or is reduces.

## 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 <input type="checkbox"/> Male <input type="checkbox"/> Undisclosed <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth Month   Day   Year
Address	Email 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

**Note:** For employees who retired under the ERIB program, please indicate the date of the employee's 65th birth date as the date of termination of group life insurance.

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)

Please have your Employer confirm your maximum conversion age and conversion amount.

- For example, if age 65 or older at date of conversion, request from your Employer the maximum amount that can be converted as it applies to you, or
- If you have taken early retirement under the ERIB program, confirm with your employer that your Group Life coverage will be continued to age 65 and that you can convert your coverage within 31 days of attaining age 65.

The convertible amount is the lesser of the in-force amount vs. the conversion maximum indicated by your Employer reduced by any amount that have already been converted under the policy.