

Instructions for the employer

1. Complete sections 1, 2 and 3. Sign and date this form.
2. Present this form to the employee.
3. Inform the employee that he or she has 31 days (or any extended notice period¹) from the date coverage terminates (or the date benefits were reduced) to submit an application and first payment for individual coverage. (Some policies may be longer. Check your group insurance booklet/certificate).
4. Provide the employee with:
 - This completed form
 - Employee Group Life Conversion handout
 - Conversion Application

Questions about Group Conversion? Call our Customer Service Center at 1-800-247-6875.

1 Employer information

Name of group policyholder (i.e. employer or company name)		Policy number
Name of person completing this form (Employer administrative contact)	Title	Phone number

2 Employee information

Name of employee (first, middle initial, last)		Date of birth	Class	
Social Security number	Basic annual salary	Date last worked	Date of disability	Insurance effective
Date of last salary increase	Date of reduction or termination of group life insurance	Date Optional life coverage terminated (if different)		

1. This employee's Group Life benefits are being..... Reduced Terminated
2. Did the employee stop working due to accidental injury or sickness?..... Yes No N/A
3. Did the employee stop working due to retirement? Yes No N/A
4. Has a Waiver of Premium claim been filed? Yes No N/A
 - a. If yes, what was the determination? Approved Denied Pending
5. Are premiums still being paid by the employer under the Continuation provision? Yes No

3 Coverage information (To be completed by employer)

Select the appropriate coverage information, according to the group insurance booklet/ certificate . Fill in current amount of coverage or the amount of coverage lost if converting a lost amount.

	Terminated amount	Reduced amount		Terminated amount	Reduced amount
<input type="checkbox"/> Employee Basic Life	\$	\$	<input type="checkbox"/> Employee Opt'l / Voluntary Life	\$	\$
<input type="checkbox"/> Spouse Basic Life	\$	\$	<input type="checkbox"/> Spouse Opt'l / Voluntary Life	\$	\$
<input type="checkbox"/> Child Basic Life	\$	\$	<input type="checkbox"/> Child Opt'l / Voluntary Life	\$	\$

4 Signature

Name of employer administrative contact	Phone number
Signature of employer administrative contact X	Date

About Group Life Conversion

You may be eligible to continue your life insurance coverage after you leave your job or if you are no longer eligible for coverage under your Group policy, or if your Group coverage is reduced.

Group Life Conversion means you convert your group insurance to an **Individual life** policy. You can keep the same level of coverage if your coverage amount has been reduced or terminated.

If you're eligible under the terms of your employer's group policy you may convert to a Sun Life Individual life policy without having to provide any additional medical information. You have 31 days (or any extended notice period¹) from the date your coverage terminated or was reduced to submit an application and first payment for individual coverage. Check your certificate for details.

How to apply

1. Have your employer complete page 1 of this form. You'll need the information supplied by your employer to continue with the Conversion process. **Please retain this form. You will need to submit a copy of it with your application.**
2. Call our Customer Service Center at 1-800-247-6875 to ask for a Group Life Conversion application. We need specific information from you before we will send out the application. When we ask, please be ready to provide:
 - Your Group Policy number
 - Your name, address and date of birth
 - Your Social Security number
 - The name and address of the employer where you last worked
 - The amount of Group Life coverage that was terminated or reduced
 - Name(s) of any covered dependents who are also converting
 - Termination date (or date benefits were reduced if applying for Group Life Conversion)

Important reminders

You have a limited time to apply for conversion. We must receive your application and first premium payment within 31 days (or any extended notice period¹) from the date your coverage terminates (or the date benefits were reduced).

Your premium is based on the class of risk to which you belong and your age at your nearest birthday.

Following receipt of your application, we will write to inform you whether or not your application is approved.

Guide to estimate premium

The following tables display estimated Life Conversion premiums by gender, age and benefit amount. They do not include every age or amount available to you and actual amounts may vary.

To estimate your premium: Locate your age, or the age closest to yours, in the applicable gender section and find the corresponding estimated premium. If your actual age is not indicated, you can estimate it by noting the amounts for the ages above and below it. For a personalized quote and application, please call Customer Service at 1-800-247-6875.

Monthly Premiums for Male						Monthly Premiums for Female					
Age	Coverage Amount					Age	Coverage Amount				
	\$10,000	\$25,000	\$50,000	\$100,000	\$250,000		\$10,000	\$25,000	\$50,000	\$100,000	\$250,000
5	\$14	\$20	\$29	\$47	\$101	5	\$14	\$18	\$26	\$42	\$88
10	\$15	\$21	\$32	\$54	\$120	10	\$14	\$20	\$29	\$48	\$104
15	\$16	\$24	\$37	\$64	\$144	15	\$15	\$22	\$33	\$56	\$125
20	\$17	\$27	\$43	\$75	\$172	20	\$16	\$24	\$38	\$66	\$149
25	\$18	\$30	\$50	\$90	\$208	25	\$17	\$28	\$45	\$79	\$182
30	\$20	\$35	\$59	\$107	\$252	30	\$19	\$32	\$53	\$96	\$223
35	\$22	\$40	\$69	\$128	\$302	35	\$21	\$37	\$62	\$113	\$264
40	\$26	\$47	\$83	\$154	\$369	40	\$23	\$41	\$70	\$129	\$307
45	\$29	\$56	\$100	\$189	\$455	45	\$27	\$50	\$89	\$166	\$397
50	\$33	\$66	\$120	\$229	\$555	50	\$30	\$58	\$105	\$198	\$477
55	\$39	\$80	\$149	\$286	\$698	55	\$33	\$67	\$122	\$232	\$564
60	\$48	\$102	\$192	\$373	\$915	60	\$41	\$85	\$158	\$305	\$745
65	\$58	\$127	\$243	\$475	\$1171	65	\$47	\$101	\$191	\$370	\$909
70	\$70	\$158	\$304	\$598	\$1477	70	\$57	\$126	\$240	\$468	\$1153
75	\$88	\$203	\$395	\$778	\$1928	75	\$72	\$163	\$314	\$616	\$1523
80	\$126	\$298	\$585	\$1158	\$2879	80	\$99	\$230	\$449	\$886	\$2199
85	\$164	\$392	\$1536	\$1536	\$3822	85	\$142	\$339	\$774	\$1322	\$3289
90	\$267	\$649	\$1285	\$2557	\$6373	90	\$212	\$513	\$1016	\$2022	\$5039

Notes:

- The estimated premiums shown above are for residents of all states except New York. If you wish to receive a personalized quote, please call Customer Service at 800-247-6875.
- Premiums for residents of Montana are not based on gender. The estimated monthly cost in Montana for either male or female is the same as the male premium shown above.

¹ If you do not receive notice within 15 days of your coverage termination or reduction, you may have additional time from the date of notice to respond. This additional time is limited; please refer to your certificate for your state's provisions.

Contact us



www.sunlife.com/us



Customer Service **800-247-6875** M–F 8:00 a.m. – 8:00 p.m., ET

Insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states except New York. In New York, insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (New York, NY). Product offerings may not be available in all states and may vary depending on state laws and variations.

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