Sun Life Financial

Notice of Group Life Conversion and Portability



Instructions for the employer

- 1. Complete sections 1, 2 and 3. Sign and date this form.
- 2. Present this form to the employee. Inform the employee that he or she has 31 days from the date of termination (or the date benefits were reduced) to submit an application and first payment for individual coverage.
- 3. Inform the employee that he or she has 31 days from the date of termination to apply for Portability. (Some policies may be longer. Check your group insurance booklet/certificate.)
- 4. Provide the employee with:
 - This completed form
 - Employee Group Life Portability or Group Life Conversion Kit
 - Portability Application (Order # varies by state)

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

Questions about Group Conversion of Fortability: Call our Customer Gervice Center at 1-000-247-0075.									
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 sa	Date last worked		Date of disabilit	y Insuran		e effective		
Date of last salary increase	Date of reduction or termination of group life insurance						e terminated (if different)		
 This employee's Group Life benefits are being									
3 Coverage information (To be completed by employer)									
Select the appropriate coverage information, according to the group insurance booklet/ certificate and/or Optional benefit. Fill in current amount of coverage or in the case of conversion, the amount of coverage lost.									
	Terminated amount	Reduced amount	<u> </u>			Те	rminated amount	Reduced amount	
☐ Employee Basic Life	\$	\$	☐ Employee Opt'l / Voluntary Life			\$		\$	
☐ Employee Basic AD&D	\$	\$	☐ Employee Opt'l / Voluntary AD&D			\$		\$	
☐ Spouse Basic Life	\$	\$	☐ Spouse Opt'l / Voluntary Life			\$		\$	
☐ Spouse Basic AD&D	\$	\$	☐ Spouse Opt'l / Voluntary AD&D			\$		\$	
☐ Child Basic Life	\$	\$	☐ Child Opt'l / Voluntary Life			\$		\$	
☐ Child Basic AD&D	\$	\$	☐ Child Opt'l / Voluntary AD&D			\$		\$	
4 Signature									
Name of employer administrative contact							Phone number		
Signature of employer administrative contact X							Date		
CLEM 1625 Conversion and Pertability Notice 1 of 2									

About Group Life Conversion

If you're leaving your job, or you've reached the age at which Group Life insurance coverage from your employer may be reduced or eliminated, how do you maintain the protection that life insurance offers?

Many people don't realize that they may be eligible to convert their Group insurance to an individual policy and keep the same level of coverage even after they've left their job or reached a certain age.

It's called **Group Life Conversion**, and it's available to you if your employer or plan administrator has a Sun Life Group Life policy. If you're eligible under the terms of the group policy, you have the option of converting to a Sun Life individual life policy without having to provide any additional medical information. You have 31 days from the date of termination or reduction to apply for Conversion.

About Group Life Portability

If you're leaving your job, how do you maintain the protection that life insurance offers?

Many people don't realize that they may be eligible to port their Group insurance to a Group term policy and keep the same level of coverage even after they've left their job. Some eligibility restrictions apply, please check your policy for specifics.

It's called **Group Life Portability**, and it's available to you if your employer or plan administrator has a Sun Life Group Life policy with portability benefit. If you're eligible under the terms of the group policy, you have the option of porting to the Sun Life Portability policy. You have 31 days from the date of termination to apply for Portability.

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 or Portability process. Please retain this form. You will need to submit a copy of it with your application.
- Call our Customer Service Center at 1-800-247-6875.
- 3. Tell us you want a Group Life Conversion or Group Life Portability 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 limited time to apply for conversion or portability. We must receive your application and first premium payment within 31 days of the date of termination for conversion or portability or date benefits were reduced for conversion.

Your rates are 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.

Contact us





Customer Service 800-247-6875 M-F 8:30 a.m. - 6:00 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 Insurance and Annuity Company of New York (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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