

Sun Life Insurance and Annuity Company of New York

Notice of Group Life Conversion



Instructions for the Employer

Questions about Group Conversion, rates, or this form? Call our Customer Service Center at 1-800-247-6875.

Employer's Instructions for Group Life Conversion

1. You must complete sections 1, 2 and 4. Complete section 3 only if a covered dependent wishes to convert. Sign and date this form.
2. Present this form to the employee. **Inform employee he or she has 45 days from the date of termination to apply for individual coverage.**

1 Policy Information

Please PRINT clearly. To be completed by Employer.

| | | |
|------------------------------------------------------------|---------------|----------------------|
| Name of Group Policyholder (i.e. employer or company name) | Policy Number | Billing Group Number |
|------------------------------------------------------------|---------------|----------------------|

2 Employee Information

To be completed by Employer.

| | | | | |
|---------------------------------------------|-----------------------------------------------------------------------------|--------------------------|--------------------------------------|-----------------------|
| Employee Name (last, first, middle initial) | | Social Security Number | | Date of Birth (m/d/y) |
| Hours Worked Weekly | Date of Hire (m/d/y) | Date Last Worked (m/d/y) | Date of Disability (m/d/y) | |
| Insurance Effective (m/d/y) | Date of reduction or termination (m/d/y) | | Date of last salary increase (m/d/y) | |
| Basic Annual Salary \$ | Amount of Coverage Lost: Basic: \$ Optional: \$ | | Class Description | |

This employee's Group Life benefits are being: Reduced Terminated Canceled
 Was the employee totally disabled on the date last worked? Yes No N/A
 Has a Waiver of Premium claim been filed? Yes No N/A
 Are premiums still being paid by the employer? Yes No N/A

3 Dependent Information

To be completed by Employer ONLY IF one or more dependents of the above employee is converting.

| | |
|----------------------------------------------|-----------------------------------------------------------------------------|
| Dependent Name (last, first, middle initial) | Amount of Coverage Lost: Basic: \$ Optional: \$ |
|----------------------------------------------|-----------------------------------------------------------------------------|

To be eligible to convert, a dependent must have been covered under the group policy. For more information about Group Life Conversion for dependents, please call our Customer Service Center at 1-800-247-6875.

4 Signature

| | |
|------------------------------------------|--------------|
| Name of Employer Administrative Contact | Phone Number |
| Signature of Administrative Contact X | Date (m/d/y) |

Information for the Employee: 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 coverage 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 45 days from the day your Group Life coverage ends to apply for Conversion.

How to Apply for Conversion

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.
2. Call our Customer Service Center at 1-800-247-6875.
3. Tell us you want 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 Social Security number
 - Company name and address where you last worked
 - The dollar amount of the Group Life insurance policy that was terminated by the company where you last worked
 - Your date of birth
 - Your current home address
 - Termination date

Important Reminders

You have 45 days to apply for conversion. We must receive your application and first premium payment within 45 days of the date your Group Life coverage ends or is reduced.

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.