



## GROUP LIFE

# Life insurance conversion

## Solutions for employees making a career transition

### How to take your life insurance benefits with you

Did you know that you may be eligible to take your Group Life insurance benefits with you when you leave your job, when your hours are reduced, or when your insurance coverage is reduced or eliminated because of your age? It's called conversion, and it allows you to convert your Group Life insurance to an Individual life insurance policy without having to answer any medical questions. You can convert spouse/dependent coverage as well.

The most important thing to remember is that you have a limited time to act. We must receive your completed application, first payment, and signed illustration within 31 days of your termination date or date of reduction in coverage under the group policy. This deadline may vary by state and group policy, so please check your group insurance booklet or certificate, or ask your employer to determine your deadline. If you miss the deadline, you and your dependent(s) will be ineligible for conversion.

### I am eligible for conversion. Now what?

You can apply for Sun Life Financial's conversion option, which is called Sun Universal Protector Plus—Group Conversion®. This universal life insurance policy lasts for your lifetime (as long as premiums are paid) and has the opportunity to build cash value.

### Getting started

- 1. Ask your employer to complete and sign the Notice of Group Life Conversion form**  
You can either request the form from your benefits administrator or download it yourself from [www.sunlife.com/us](http://www.sunlife.com/us). In the top right-hand navigation, go to Service Center>Forms. Choose Employee Benefits>Life and AD&D>Life Conversion Notice. Remember, while your employer is responsible for completing this for you, you are responsible for mailing it to us with the rest of your documentation. We cannot process your application without it.
- 2. Gather the following information**
  - Termination date or date benefits were reduced
  - Date you received the Notice of Group Life Conversion form from your employer
  - Your group policy number
  - Your name, address, and date of birth
  - Your Social Security number
  - The name and address of your employer
  - The amount of Group Life coverage terminated or reduced
  - Spouse/dependent information: name(s), date(s) of birth, address(es), Social Security number(s)
- 3. Call the Customer Service Center at 800-247-6875**
  - Tell us you want a Group Life Conversion application
  - We will ask you for the information listed above in step 2. We need that information from you before we can send out the Group Life Conversion package containing the application, forms, and your illustration.



### Calculating your costs

Your actual costs depend on your age, gender, the amount of coverage you select, the market interest rates at the time you apply and throughout the coverage duration, and administrative account fees. Costs can vary from year to year.

You can select an amount up to, but not more than, the amount of life insurance that was reduced or terminated by your employer. The minimum coverage amount is typically \$10,000. If you have less than \$10,000 of coverage, you must convert the full amount you are losing.

We will send you personalized rates, referred to as an "illustration," when you apply. The illustration will state the amount of coverage and premium due. When you receive your illustration, be sure to review it carefully. For any questions with the illustration, please call the Individual Service Center at 800-862-6266.

You determine whether to pay your premiums monthly, semi-annually, or annually. The option you choose will affect the amount of premium you pay. If you choose to pay monthly, you must authorize Sun Life Financial to set up an automatic bank draft with your bank. We will send you a Bank Authorization form, which you must complete and return to us with a voided check.

### What to send to Sun Life Financial

After you have completed steps 1–3 in the Getting Started section, Sun Life will send you a conversion package containing items you need to move forward with the conversion. You must complete and return the following documents (which make up your complete application) along with your first premium payment. These documents and your check must be received by Sun Life within the conversion period, which is 31 days from the date your coverage was terminated/reduced, or your application will be declined.

The following must be sent to us:

- If your employer has provided you a signed Notice of Group Life Conversion form, a copy must be sent in
- A completed application for life insurance
- A voided check (only if you choose to pay monthly)
- A signed illustration (please sign and return all pages)
- A check for the first premium payment—please be sure to send a personal check (not a starter check) or a money order or cashier's check issued by a bank

Mail all documentation to:

Sun Life Financial  
Attn: Group Conversion  
P.O. Box 9106  
Wellesley Hills, MA 02481

If you have any questions, call us at 800-247-6875,  
Monday through Friday, 8 a.m. to 6 p.m., ET.



One Sun Life Executive Park  
Wellesley Hills, MA 02481

[www.sunlife.com/us](http://www.sunlife.com/us)

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 93P-LH, 98P-ADD, 02-SL, 07-SL, and 01C-LH-PT. In New York, group insurance policies are underwritten by Sun Life Insurance and Annuity Company of New York (New York, NY) under Policy Form Series 93P-LH-NY, 02P-NYSTD, 98P-ADD-NY, 02-NYSL, 07-NYSL, and 01NYC-LH-PT. Product offerings may not be available in all states and may vary depending on state laws and regulations.

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# Sun Life Financial

## Notice of Group Life Conversion



### Instructions for the Employer

- Questions about Group Conversion? Call our Customer Service Center at 1-800-247-6875.
- Complete sections 1, 2 and 3. Sign and date this form.
  - 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.**

### 1 Policy Information

To be completed by Employer

Name of group policyholder (i.e. employer or company name)	Policy number
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### 2 Employee Information

To be completed by Employer

Employee name (last, first, middle initial)		Social Security number	Date of birth
Hours worked weekly	Date of hire	Date last worked	Date of disability
Insurance effective	Date of reduction or termination of group life insurance		Date of last salary increase
Basic annual salary \$	Amount of coverage lost: Basic: \$      Optional: \$		Class description

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

### 3 Dependent Information

To be completed by Employer

Dependent name (last, first, middle initial)	Amount of coverage lost: Basic: \$      Optional: \$
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

To be completed by Employer

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

## Information for the Employee: About Group Life Conversion

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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 insured 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 to apply to Conversion.

## How to apply for Conversion

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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.
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 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

## Important Reminders

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You have limited time to apply for conversion. We must receive your application and first premium payment within 31 days of the date of termination.

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.

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.), (Wellesley Hills, MA). Product offerings may not be available in all states and may vary depending on state laws and variations.

Sun Life Assurance Company of Canada and Sun Life and Health Insurance Company (U.S.) are members of the Sun Life Financial group of companies.

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