

Instructions for the employer

1. Complete sections 1 through 4 of this form and present it to the employee.
2. Instruct the employee to call our Customer Service Center at 800-247-6875 for Portability rates and an application or a personalized Conversion illustration for individual coverage.
3. Be sure the employee knows that they have 31 days (or any extended notice period) from the date employment ends for Portability or the triggering event for Conversion. The actual period may vary so please refer to your certificate.

Please note: For Rhode Island policyholders, Rhode Island state law requires that this conversion notice must be provided apart from any other employer notices.

Questions about Group Conversion or Portability? Call our Customer Service Center at 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"/> Employee Basic AD&D	\$	\$	<input type="checkbox"/> Employee Opt'l / Voluntary AD&D	\$	\$
<input type="checkbox"/> Spouse Basic Life	\$	\$	<input type="checkbox"/> Spouse Opt'l / Voluntary Life	\$	\$
<input type="checkbox"/> Spouse Basic AD&D	\$	\$	<input type="checkbox"/> Spouse Opt'l / Voluntary AD&D	\$	\$
<input type="checkbox"/> Child Basic Life	\$	\$	<input type="checkbox"/> Child Opt'l / Voluntary Life	\$	\$
<input type="checkbox"/> Child Basic AD&D	\$	\$	<input type="checkbox"/> Child Opt'l / Voluntary AD&D	\$	\$

4 Signature

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

About Group Life Conversion and Portability

You may be eligible to continue your life insurance coverage after you leave your job, 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.

Group Life Portability means you port your Group insurance to a **Group term** policy and keep the same level of coverage even after you've left your job.

Group Life Portability is available to you if your employer or plan administrator has a Sun Life Group Life policy with a portability benefit and you lose coverage due to termination of employment. If you're eligible under the terms of the group policy, you have the option to port to the Sun Life Portability policy. Some eligibility restrictions apply so please check your certificate for specifics. You have 31 days from the date your employment terminates to apply for Portability. For some policies this period may be longer. 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 or Portability process. **Please retain this form. You will need to submit a copy of it with your application.**
2. To obtain a copy of your Portability application and kit, call our Customer Service Center at 800-247-6875 for the rates and an application if you want to port your coverage or to receive a personalized illustration if you want to convert your coverage to an individual policy. 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 or Portability. We must receive your application and first premium payment within 31 days of your qualifying event. This period may be longer in some policies, so be sure to check your certificate for details. You may choose to port your coverage or convert it to an individual policy but you may not port and convert the same amount of coverage. Customer Service will provide the rates for Portability.

Please see the chart below for estimated Conversion rates based on your gender and age at your nearest birthday. Customer Service will provide specific rates for you based on your information.

Following receipt of your application, we will notify you in writing whether your application has been approved.

Guide to estimate your Life Conversion 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 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. The estimated premium for New York residents would be a blend (approximate average) of the male and female amounts above. 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 Conversion only: 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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