

# Sun Life Assurance Company of Canada

## Notice of Group Life Conversion



### Employer

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

#### Employer's/Administrator's Instructions for Group Life Conversion

1. Complete sections 1 and 2. Only complete section 3 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 31 days from the date of termination to apply for individual coverage.**
3. After the employee has completed page 3 of this form (premium calculation), provide him or her with the *Employee's Kit for Group Life Conversion* (publication number GR/413).
4. Review the contents of the Kit with the employee. Make sure the employee completes the following forms contained in the Kit:
  - *Application for Group Life Conversion*
  - IRS Form W-9
  - Bank Authorization Form (for monthly payments)
5. Provide the employee with copies of all of his or her Group Enrollment forms for inclusion in the envelope he or she mails to Sun Life Financial.

### Section 1 Policy Information (To be completed by Employer/Administrator)

Please PRINT clearly.

Name of Group Policyholder (i.e. employer or company name)	Policy Number	Billing Group Number
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### Section 2 Employee/Applicant Information

Section 2 to be completed by Employer/Administrator.

Employee/Applicant Name (first, middle initial, last)		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)	
Date 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 applicant'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

### Section 3 Dependent Information

Section 3 to be completed by Employer/Administrator ONLY IF one or more dependents of above employee/applicant is converting.

Dependent Name (last, first, middle initial)	Amount of Coverage Lost: Basic: \$                      Optional: \$
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If dependent coverage also is being converted, please review the information about dependent Group Life Conversion in your Administrator's Guide. A separate application and W-9 form (found in the *Employee's Kit for Group Life Conversion*) must be completed and signed by each dependent converting. The dependent must have been covered under the group policy to be eligible to convert.

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

## Instructions for the Employee/Applicant

### Information about Group Life Conversion

If you are terminating or reducing your life insurance coverage under the group policy provided by Sun Life Assurance Company of Canada, you may be eligible to convert your coverage to an individual life insurance policy. To take advantage of this privilege, **Sun Life Assurance Company of Canada must receive your completed application and check for the first premium payment within 31 days of your termination date. AFTER 31 DAYS, THE CONVERSION OPTION WILL NO LONGER BE AVAILABLE TO YOU OR YOUR ELIGIBLE DEPENDENTS.**

### Instructions

1. Calculate your estimated cost by completing section 4 on the next page. Because rates are updated periodically, **you must call the rate information line at 1-800-247-6875 to verify the rates that are currently in effect.**
2. Determine which payment option you prefer by completing section 5 on reverse.
3. To proceed with conversion, ask your employer for the *Employee's Kit for Group Conversion* (publication number GR/413).
4. Complete the Application for Group Life Conversion, IRS form W-9 and all other applicable forms contained in the Kit.
5. Obtain a copy of all of your Group Enrollment forms from your employer.
6. Enclose this form (the "Notice"), and all of the forms described in #4 and #5 above, along with a check for the first premium payment.
7. Mail to: Group Life Conversion, SC 1219  
Sun Life Financial  
One Sun Life Executive Park  
Wellesley Hills, MA 02481

**Rates Effective March 1, 2000**  
**Sun Life Assurance Company of Canada • Sun Permanent Life Coverage**  
**Annual Cost per \$1,000 of Coverage**

These rates are effective March 1, 2000. Because rates are updated periodically, **please call the rate information line at 1-800-247-6875 (Monday through Friday, 8:30 a.m. to 6:00 p.m. Eastern Time) to verify the rates that are currently in effect.** Representatives from our Customer Service Center will be happy to help you calculate your premium and verify that it is correct.

Age at Issue	Male	Female	Age at Issue	Male	Female	Age at Issue	Male	Female
0	3.12	2.52	29	10.90	8.53	58	43.01	31.22
1	3.22	2.60	30	11.41	8.90	59	45.20	32.83
2	3.33	2.68	31	11.94	9.30	60	46.65	34.36
3	3.44	2.77	32	12.51	9.72	61	49.01	36.18
4	3.56	2.86	33	13.11	10.17	62	51.48	38.13
5	3.69	2.96	34	13.74	10.64	63	54.07	40.19
6	3.83	3.07	35	14.41	11.11	64	56.78	42.38
7	3.97	3.18	36	15.12	11.63	65	58.22	44.22
8	4.13	3.30	37	15.86	12.17	66	61.04	46.62
9	4.30	3.43	38	16.65	12.73	67	64.00	49.18
10	4.47	3.56	39	17.48	13.33	68	67.11	51.93
11	4.66	3.70	40	18.29	13.87	69	70.37	54.89
12	4.85	3.84	41	19.20	14.51	70	73.81	57.65
13	5.04	3.99	42	20.16	15.18	71	77.43	61.03
14	5.24	4.15	43	21.17	15.88	72	81.20	64.64
15	5.44	4.31	44	22.24	16.61	73	85.12	68.49
16	5.64	4.48	45	23.16	17.26	74	89.18	72.55
17	5.84	4.66	46	24.33	18.06	75	93.35	76.85
18	6.05	4.84	47	25.56	18.90	76	97.66	81.39
19	6.27	5.03	48	26.85	19.79	77	102.12	86.22
20	7.54	5.86	49	28.22	20.72	78	106.79	91.39
21	7.82	6.10	50	29.34	21.53	79	111.70	96.93
22	8.13	6.35	51	30.84	22.56	80	116.86	102.90
23	8.45	6.62	52	32.41	23.64	81	122.28	109.31
24	8.80	6.90	53	34.07	24.78	82	127.97	116.18
25	9.17	7.19	54	35.81	25.98	83	133.89	123.53
26	9.56	7.50	55	37.10	27.00	84	140.07	131.31
27	9.98	7.83	56	38.97	28.32	85	146.57	139.68
28	10.43	8.17	57	40.94	29.72			

## Section 4 Calculating Premium for Individual Coverage

Section 4 to be completed by Employee/Applicant.

### Instructions

- Determine the effective date of your new individual policy. This will be 32 days after your group coverage terminates (see section 2 on the front of this form for your termination date).
- Find your age at issue for the new policy in the chart. If your birthday is less than six months from the effective date, use your age at your next birthday. For example, if the effective date is Feb. 15, 2002 and your 35th birthday is on June 3, 2002, use 35 as your age.
- Select the amount of coverage in \$1,000 units on the chart. Coverage can be up to the amount you had under the group plan. The minimum amount of coverage is \$10,000. If the amount of coverage under the group plan was less than \$10,000, the full amount must be converted.
- Find your rate on the chart. For example, the rate for a 41-year-old female is \$14.51 per \$1,000 of coverage.
- Calculate your premium below:

	Example	Your Calculations
A. Amount of Insurance Desired	\$ 50,000	
B. Number of \$1,000 Units	50	
C. Rate per \$1,000	\$ 14.51	
D. Multiply the Rate by Units	\$ 725.50	
E. Add the Administrative Policy Fee*	\$ 75.00	\$ 75.00
F. Total	\$ 800.50	

\* The policy fee covers the administration of your policy

## Section 5 Payment Options

Section 5 to be completed by Employee/Applicant.

### Instructions

To pay your premium, you can choose any of these three payment options:

- Annual payment:** With this option, you pay the entire year's premium (Line F of Section 4) up front. Payment to Sun Life Assurance Company of Canada is due within 31 days of your date of termination.
- Semi-annual payments:** This option lets you make two equal premium payments during the year. In the chart below, multiply the annual premium (Line F) by 1.03 and divide by 2. Your first payment is due to Sun Life Assurance Company of Canada along with your Application within 31 days of your date of termination.
- Automatic Monthly Premium Payments:** This option deducts premium payments from your bank account each month. In the chart below, multiply the annual premium (Line F) by 1.06 and divide by 12. If you choose this payment option, please complete the Bank Authorization Form in the *Employee's Kit for Group Life Conversion*. Also, send a copy of a voided check from the checking account you want to use to pay for premiums. Your first payment is due to Sun Life Assurance Company of Canada within 31 days of your date of termination.

Semi-Annual Payments	Automatic Monthly Payments
(\$ _____ x 1.03) ÷ 2 = \$ _____	(\$ _____ x 1.06) ÷ 12 = \$ _____

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