

Plan Member/Spouse Section

If your Canada Life group life insurance has been terminated or reduced, you may be able to purchase an individual life insurance conversion policy, without providing medical evidence of insurability. The life conversion application must be received by Canada Life within 31 days after your group coverage terminates or reduces. Here's what you need to do to convert your group life insurance:

Step 1: Give this completed Group Life Conversion Privilege form to your advisor.

- a) If you do not have an advisor or your advisor is not licensed to sell Canada Life products, please visit www.canadalife.com/find-an-advisor.html, select Convert my group life insurance, under Existing Customers and complete the information form.

After you submit the form, an advisor will contact you and explain the life conversion options available so you can make the right choice on your insurance needs.

- b) You may also speak to a customer service representative by calling: 1-888-252-1847. The customer service representative will assist in connecting you with an advisor.

Step 2: After you have decided on your life conversion option, the advisor will submit the completed and signed application, with the first full premium payment to Canada Life for processing. This application process must be completed within 31 days after your group insurance terminates or is reduced.

Plan Administrator Section

Complete the fields below, give one copy of this form to the plan member upon termination or reduction of group life insurance, and keep a copy for your files.

1. Group insurance policy - Advisor information (if applicable)

Advisor	Telephone number.	Fax number
Address	Email	

2. Plan member/spouse information

Plan member's name	Gender <input type="checkbox"/> Male <input type="checkbox"/> Undisclosed <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of birth Month Day Year
Spouse's name (if eligible for spousal conversion)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Undisclosed <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of birth Month Day Year
Address	Telephone no.	

3. Group life insurance information

Group policy name:					
		Policy no.:	Reduced/terminated amount:	Combined (max \$250,000 per person) conversion maximum	Date insurance reduced/terminated
Plan member	Basic		\$	\$	(month/day/year)
	Optional		\$		(month/day/year)
	Supplementary		\$		(month/day/year)
Spouse	Basic		\$	\$	(month/day/year)
	Optional		\$		(month/day/year)

4. Plan administrator information

Plan administrator's name (Please print)	Telephone number	Email
Plan administrator's signature		Date (month/day/year)