

Instructions for the employer

1. Complete sections 1 through 4 of this form and present it to the employee.
2. The **"Guide to your Life Conversion premium"** section will have instructions and rates.
3. Be sure the employee knows that they have 31 days (or any extended notice period) from the date employment ends 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? 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
Employer e-mail		

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 Life coverage terminated (if different)		

1. This employee's Group Life benefits are being.....☐ Reduced ☐ Terminated
2. Did the employee stop working due to retirement?☐ Yes ☐ No ☐ N/A
3. Did the employee stop working due to accidental injury or sickness?☐ 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

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.

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 process. **Please retain this form. You will need to submit a copy of it with your application.**
2. Please see the "**Guide to your Life Conversion premium**" section for instructions and rates.

Important reminders

You have a limited time to apply for Conversion. We must receive your application, first premium payment and all required paperwork, within 31 days of your qualifying event. A list of what you need to send us is on the Conversion application cover page. This period may be longer in some policies, so be sure to check your certificate for details.

Please see the section **Guide to your Life Conversion premium** for Conversion rates based on your age at your nearest birthday. **Use Table 1 rates if you live in a state other than New York. Use Table 2 rates if you live in New York.**

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

Guide to your Life Conversion premium

To download, complete and sign a Life Conversion Application, please visit www.sunlife.com/us and follow these instructions:

1. Scroll down and select "Find a form"
2. Scroll down to "Individual Life Insurance forms" section
3. Select the "our forms database" link located below the "Individual Life Insurance forms" section
4. Select the "Search" tab and type in the word "conversion"
5. Choose the application for the state you live in

The following tables display the Life Conversion annual rates (by thousand) by age. To calculate your premium, locate your age, or the age closest to yours, and find the corresponding rate. Use Table 1 rates if you live in a state other than New York. Use Table 2 rates if you live in New York.

Your actual cost will depend on your issue age. The issue age is the person's age as of the birthday nearest the effective date of the individual policy. If your birthday is 6 months or more before the effective date, use your current age. If your next birthday is less than 6 months from the effective date, use the age you will be on that birthday.

Example for issue age:

For a person that is age 40 today with a policy effective date of January 1:

- If date of birth is June 1 or before, use the rate for age 40; or
- If date of birth is July 1 or after, use the rate for age 41.

If you cannot locate your age in the table, please contact our Customer Service Center at 800-247-6875.

Example to calculate your annual premium:

\$250,000 (amount of coverage) divide by 1000 = 250 X 19.03 (rate) + \$125 (annual fee) = \$4,882.50 (annual premium)

- For **semi-annual** premium take above annual premium (from calculation) and **multiply by 0.52**
- For **monthly** premium take above annual premium and **multiply by 0.09**

Calculate your annual premium:

Include your own numbers into the calculation formula below and repeat for each dependent.

_____ (amount of coverage) divide by 1000 = _____ X _____ (rate) + \$125 (annual fee) = _____ (annual premium)

- For **semi-annual** premium take above annual premium (from calculation) and **multiply by 0.52**
- For **monthly** premium take above annual premium and **multiply by 0.09**

Guide to your Life Conversion premium, continued

Table 1 (for all states except New York)

Issue Age	Rate (per \$1,000)	Issue Age	Rate (per \$1,000)	Issue Age	Rate (per \$1,000)	Issue Age	Rate (per \$1,000)
Less than 1	6.14	18	8.97	36	15.98	54	37.68
1	6.25	19	9.21	37	16.68	55	39.60
2	6.37	20	9.44	38	17.51	56	41.64
3	6.37	21	9.67	39	18.21	57	43.80
4	6.48	22	9.83	40	19.03	58	46.20
5	6.60	23	10.14	41	19.97	59	48.60
6	6.72	24	10.37	42	20.90	60	51.24
7	6.96	25	10.72	43	21.72	61	55.40
8	7.07	26	11.07	44	22.89	62	59.79
9	7.31	27	11.42	45	23.94	63	64.42
10	7.42	28	11.77	46	25.68	64	69.31
11	7.66	29	12.12	47	26.88	65	74.47
12	7.89	30	12.58	48	28.20	66	79.91
13	8.01	31	13.05	49	29.52	67	85.65
14	8.25	32	13.52	50	30.96	68	91.71
15	8.49	33	14.11	51	32.52	69	98.11
16	8.61	34	14.69	52	34.20	70	104.87
17	8.85	35	15.39	53	35.88		

Table 2 (New York only)

Issue Age	Rate (per \$1,000)	Issue Age	Rate (per \$1,000)	Issue Age	Rate (per \$1,000)	Issue Age	Rate (per \$1,000)
Less than 1	6.34	18	10.71	36	20.85	54	45.94
1	6.28	19	11.08	37	21.73	55	48.14
2	6.41	20	11.46	38	22.65	56	50.46
3	6.58	21	11.86	39	23.62	57	52.91
4	6.77	22	12.28	40	24.64	58	55.49
5	6.98	23	12.71	41	25.71	59	58.23
6	7.20	24	13.17	42	26.83	60	61.12
7	7.43	25	13.65	43	28.01	61	64.19
8	7.67	26	14.15	44	29.26	62	67.46
9	7.93	27	14.68	45	30.56	63	70.92
10	8.19	28	15.24	46	31.94	64	74.60
11	8.47	29	15.82	47	33.39	65	78.51
12	8.76	30	16.44	48	34.91	66	82.66
13	9.06	31	17.08	49	36.52	67	87.07
14	9.37	32	17.76	50	38.21	68	91.75
15	9.69	33	18.48	51	39.99	69	98.11
16	10.02	34	19.23	52	41.87	70	104.87
17	10.36	35	20.02	53	43.85		

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

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