

**Sun Life Assurance Company of Canada**  
**Sun Life and Health Insurance Company (U.S.)**  
 Notice of Group LTD Conversion



This form is to be used for Sun Life Assurance Company of Canada and Sun Life and Health Insurance Company (U.S.) (collectively "Sun Life").

**Instructions for the Employer**

Questions about Group Conversion? Call our Customer Service Center at **1-800-247-6875**.

1. Complete sections 1, 2 and 3. Sign and date this form.
2. 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
Class description	

**2 Employee Information**

To be completed by Employer

Employee name (last, first, middle initial)		Social Security number	Date of birth	
Street address		City	State	Zip code
Hours worked weekly	Date of hire	Date last worked	Basic monthly earnings \$	
Insurance effective	Date employee's Group LTD coverage ends		Date of last salary increase	

**3 Signature**

To be completed by Employer

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

## Information for the Employee: About Group LTD Conversion

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**Employee:** Your group LTD coverage will end when your employment terminates. Under the terms of your employer's group LTD policy, you may be eligible to keep your coverage through Sun Life by converting to an LTD Conversion policy. You are eligible for LTD Conversion if:

1. On the day you were terminated, you were insured under a Sun Life Group LTD policy and have been covered for Group LTD benefits (with Sun Life or your employer's previous LTD carrier) **for at least 12 consecutive months immediately prior** to your termination date.
2. You complete an LTD Conversion application and return it to us with a check for your first premium *within 31 days* following your termination date.

## How to apply for Conversion

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**Please Note:** This form is not an application. If you are interested in receiving more information about LTD Conversion, follow these steps:

1. Call our Customer Service Center at **1-800-247-6875**.
2. Provide the information on this form to the Customer Service Representative who will calculate your cost and provide a quote over the phone.
3. The Customer Service Representative then will mail you the LTD Conversion application and a letter summarizing your quarterly premium amount and due date.
4. To apply for LTD Conversion, sign the application, enclose a check for your first premium and mail the completed LTD Conversion notice, application and check to us by the due date.
5. Upon approval of your coverage, we will mail you a Sun Life LTD Conversion Policy. The Policy has a 10-day "free look" period. You have the right to return the policy to us within 10 days for a full refund.

## Important Reminders

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You have limited time to apply for conversion. We must receive your completed LTD Conversion notice, 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.

The benefits and amount of insurance on a converted LTD policy will differ from those under the group LTD policy.

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 group of companies.

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