



Allendale Centre East
 Suite 301, 6104-104 Street NW
 Edmonton | Alberta | T6H 2K7
 Phone: 1-877-431-4786
 www.asebp.ca

**EMPLOYER &
 EMPLOYEE COPY**

GROUP LIFE INSURANCE CONVERSION NOTICE

Group Policy 138400GL

When part or all of your group life insurance terminates, you have the option to convert your group life insurance to an individual life insurance policy **within 31 calendar days** from your termination date.

Individual life insurance is issued without requiring medical evidence of good health (no medical exam is required) and is subject to the following conditions:

- you must apply **within 31 calendar days** after your group life insurance coverage terminates or ends;
- the individual policy replaces your terminated group life insurance and takes effect at the end of the 31 days allowed for conversion;
- the amount of individual insurance is equal to or greater than the minimum amount for which the Great-West Life Assurance Company(GWL) issues individual policies;
- individual premium rates may be different than the premium rates charged for group life insurance;
- premiums are based on GWL's individual policy rates in effect at the time you apply;
- the conversion privilege is not available if group life insurance coverage terminates because required premium payments were not made; and
- other conditions related to GWL's individual life insurance policies.

NOTE: If you die within the 31 day conversion period, GWL will pay your beneficiary the amount of your terminated group life insurance.

Your employer should complete this form and forward the second page (which contains the below information, excluding your annual salary and group life insurance coverage amount) to GWL on your behalf.

This form is for your information only. If you wish to inquire or exercise the conversion privilege, you must contact Great-West Life.

The Great-West Life Assurance Company
 Regional Group Office
 Suite 1410, 10405 Jasper Avenue
 Edmonton, AB T5J 3N4
 Phone: 780-917-7800 Fax: 780-429-5088

EMPLOYEE INFORMATION *(To be completed by employer – PLEASE PRINT)*

Name of employee	Date of birth Year ____ Month ____ Day ____	ASEBP ID #
Mailing address		Phone
City/Town	Province	Postal code
Annual salary at time of termination \$ _____		
Group life insurance coverage at termination \$ _____		Date group life insurance coverage terminated or reduced
Employer		
Designated officer's signature		Date



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 Suite 1410, 10405 Jasper Avenue
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EMPLOYEE INFORMATION (To be completed by employer – PLEASE PRINT)

Name of employee	Date of birth Year ____ Month ____ Day ____	ASEBP ID #
Mailing address		Phone
City/Town	Province	Postal code
Group life insurance coverage at termination \$ _____	Date group life insurance coverage terminated or reduced	
Employer		
Designated officer's signature		Date