

Plan Member/Dependent Section

If your Great-West group life insurance has been terminated or reduced, you may be entitled to purchase an individual life insurance conversion policy, without providing medical evidence of insurability. The life conversion application must be received within 31 days after your group terminates or reduces, so it is important to follow these instructions. Here's what you need to do to convert your group life insurance:

Step 1: Provide your advisor with this completed Group Life Conversion Privilege Notification form.

If you do not have an advisor or your advisor is not licensed to sell Great-West or Freedom 55 financial products, please visit www.greatwestlife.com – Contact us

An advisor will contact you and explain the life conversion options available so you can make the right choice based on your current insurance needs.

You may also speak to a customer service representative by calling:

English: 1- 800-665-0551 **French:** 1- 800-665-2630

The customer service representative will assist in connecting you with an advisor.

Step 2: Submit your completed application for the individual policy with the first premium in full to Great-West or Freedom 55 Financial within 31 days after your group insurance terminates or reduces.

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 - Financial security advisor information (if applicable)

Advisor	Telephone no. ()	Fax no. ()
Address		Email address

2. Plan member/dependant 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		
First child's name (if eligible for child conversion)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Undisclosed <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of birth Month Day Year		
Second child's name (if eligible for child 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 \$400,000 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)
First child			\$	\$	(month/day/year)
Second child			\$	\$	(month/day/year)

4. Plan administrator information

Date (month/day/year)	Plan administrator's name (Please print)
Telephone no. ()	Plan administrator's signature

* If additional space is required to add dependants, please attach an additional page with all required information included.