New Nouveau Brunswick

REQUEST FOR GROUP LIFE INSURANCE CONVERSION QUOTE TO:
ASSUMPTION MUTUTAL LIFE INSURANCE COMPANY
NEW BRUNSWICK PUBLIC SERVICE EMPLOYEES GROUP LIFE INSURANCE PLAN

PART 1: INSTRUCTIONS TO INSURED EMPLOYEE

This form must be completed and received by Vestcor <u>WITHIN 31 DAYS</u> following the date your Group Life Insurance coverage ended (i.e. the date your employment terminated).

Employee Name: _____ Social Insurance Number ____ ____ ____

I,_____, wish to obtain a quote to convert my Group Life Insurance coverage to an individual policy in accordance with the conversion privilege clause of the above Group Life Insurance Policy. Please inform me of the particulars concerning this conversion including the rate per $1,000 of permanent life insurance at my present age.

My address is:

_____
Street City Province Postal Code

Telephone No.: Home (____) _____ _____ E-mail address: _____

Date of birth: ___ ___ _____ (D M Y) Date of termination of coverage: ___ ___ _____ (D M Y)

Sex: (check one) ☐ Male ☐ Female Language of preference: (check one) ☐ English ☐ French

Note: If you have been a non-smoker for the past 12 months, you have the option to complete and attach the Declaration of Insurability form to be considered for a reduced conversion rate. If declined, the offer of conversion will be provided at the standard conversion rate.

Date ___ ___ _____ (D M Y) Signature of Employee _____

Sign & return to Vestcor, P.O. Box 6000, Fredericton, NB E3B 5H1

PART 2: VESTCOR USE ONLY

POLICY NO. <u>V954</u> **PIBA ID** : _____

1. This is to certify that insurance coverage for the above employee began on ___ ___ _____ (D M Y) and ended on: ___ ___ _____ (D M Y)
2. He/she was insured under the Group Life Insurance policy for the amount of $_____
3. His/her request for conversion has been received by Vestcor on ___ ___ _____ (D M Y)
4. Basic _____ Supplementary _____ Dep. Life _____

Date ___ ___ _____ (D M Y) Signature of authorized person _____