New Brunswick Nouveau Brunswick | MEDAVIE BLUE CROSS™

GROUP LIFE INSURANCE CONVERSION REQUEST FOR CONVERSION PROPOSAL

***This form must be completed and received by Medavie Blue Cross within 31 days following the date your Group Life Insurance coverage ended (i.e. the date your employment terminated).**

Applicant's Surname	First Name and Initial(s)	Gender	Date of Birth (Year / Month / Day)
Address		Daytime Telephone Number	
City/Town	Province	Postal Code	
Applicant's Email Address			
Spouse (or Primary Dependent*) Surname (If applying for coverage)	First Name and Initial(s)	Gender	Date of Birth (Year / Month / Day)
Address (If different than above)		Daytime Telephone Number	
City/Town	Province	Postal Code	
Amount applicant is requesting to convert $	**Amount spouse is requesting to convert (maximum $12,000)** $		

*Eligible Spouse or, where required by applicable legislation, eligible children.

TO BE COMPLETED BY EMPLOYER - CURRENT COVERAGE INFORMATION

Policy Number	Group Name	Type of Plan
19800-000	**PROVINCE OF NEW BRUNSWICK**	☑ Self Administered
Name of person completing this section		Telephone Number
Email Address		

Amount of Coverage	Basic	Optional	Effective Date of Coverage
Applicant	$	$	Year / Month / Day
Spouse (Dependent Life)	$ ❑ Yes ❑ No	**N/A**	***Termination date of Insured's Life Benefits** Year / Month / Day

Authorized Signature

COMMENTS/OTHER COVERAGE

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Please submit this request to: **Medavie Blue Cross**
644 Main Street, PO Box 220 Moncton, NB E1C 8L3
Telephone: 1-866-493-2583 Fax: 1-888-764-6444
Email: Agents@medavie.bluecross.ca

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