

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

TO BE COMPLETED BY APPLICANT			
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			
Signature			Date
Amount Applicant is requesting to convert \$ _____		Amount spouse is requesting to convert (maximum \$12,000) \$ _____	
Spouse (or Primary Dependent*) Surname (If applying for coverage)		First Name and Initial(s)	Gender Year Month Day
Address (If different than above)			Daytime Telephone Number
City/Town	Province		Postal Code

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

TO BE COMPLETED BY PLAN ADMINISTRATOR OR EMPLOYER - CURRENT COVERAGE INFORMATION						
Policy Numbers 19800-000 and 19500-000		Group Name PROVINCE OF NEW BRUNSWICK			Type of Plan: <input checked="" type="checkbox"/> Self Administered	
Name of Employer						
Name of person completing this section					Telephone Number	
Email Address						
Employee Coverage	Basic Life	Optional Life	Basic AD&D	Optional AD&D	Voluntary AD&D	Effective Date of Coverage
Applicant	\$	\$	\$	\$	\$	Year Month Day
Dependent Life (spouse only)	\$	N/A	N/A	N/A	\$	*Termination date of Insured Life/AD&D benefits Year Month Day
Authorized Signature						

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

