New 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).**

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	Date of Birth 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: ☑ Self Administered
Name of Employer		
Name of person completing this section	Telephone Number	
Email Address		

Employee Coverage	**Basic Life**	**Optional Life**	**Basic AD&D**	**Supplementary AD&D (Optional)**	**Voluntary AD&D (Optional)**	**Effective Date of Coverage**
Applicant	$	$	$	$	$	Year Month Day
Dependent Life (spouse only)	$ ❑ Yes ❑ No	**N/A**	**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

Blue Cross Life Insurance Company of Canada underwrites all life benefits.

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