

**\* 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)	Sex at Birth
			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		First Name and Initial(s)	Sex at Birth
			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 <b>19800-000 and 19500-000</b>		Group Name <b>PROVINCE OF NEW BRUNSWICK</b>		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
						Year Month Day
Applicant	\$	\$	\$	\$	\$	
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**