

*** 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 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	
						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