

## Intent to Convert Group Life Insurance Coverage

Employees losing coverage under Chambers Plan may apply to have the face amount of their group life insurance converted to an individual policy which is issued by Desjardins Financial Security. Applying does not mean simply contacting our office within **31 days of termination**, but rather our office receiving a signed application and premium deposit which we forward to Desjardins Financial Security on your behalf.

The process involves:

- Filling out this Intent to *Convert Group Life Insurance Coverage* form and submitting it to our office.
- Our office preparing and providing you with a Group Conversion Quote, on behalf of Desjardins Financial Security, which lists plan descriptions and options, as well as a conversion application.
- Returning the application and premium to our office, which will be reviewed for completeness before forwarding to Desjardins Financial Security.

Employees may lose the opportunity to convert if they delay submitting their application.

### EMPLOYEE INFORMATION

Employee's Name \_\_\_\_\_ Firm # \_\_\_\_\_ Certificate # \_\_\_\_\_

Loss of Coverage Date \_\_\_\_\_

Loss of coverage is due to: Termination  Age 65 Reduction  \*Firm is leaving Chambers Plan

\*I understand that if the conversion is requested due to the termination of the firm's coverage, I must have been continuously insured for at least 5 years to be eligible for conversion.

Conversion Information is to be sent to: Employee & Advisor  Advisor only  Firm & Advisor

Conversion Information is to be forwarded via: Email  Email Address \_\_\_\_\_

Mail  Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide a phone number where we can reach you during the day if we have any questions. (\_\_\_\_\_) \_\_\_\_\_

I understand that my written application for conversion and the first premium must be submitted to Chambers Plan within 31 days from the date of loss of coverage under my group insurance plan. Chambers Plan will forward the paperwork to Desjardins Financial Security, on my behalf, to have my policy issued.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please email this form to our office at [chambers@johnstongroup.ca](mailto:chambers@johnstongroup.ca) or mail to:**  
**Chambers of Commerce Group Insurance Plan**  
**1051 King Edward Street**  
**Winnipeg, Manitoba R3H 0R4**