

Sun Life Assurance Company of Canada

Portability Notice



Employer Instructions:

- Please complete sections 1 through 4 of this form.
- Present the completed form to the employee. Inform employee he or she has 60 days from the date of termination to apply for Portability.
- Provide the employee with the applicable Portability Kit and separate Application:
 - *Life Insurance Options: Group Term Life Portability - Publication # GR/1168*
- Provide the employee with a copy of the Employee's Kit for Life Conversion GR/413.

Please PRINT Clearly

1 Employer information

Questions about Portability? Call our Customer Service Center at 1-800-247-6875.

Name of group policyholder		Group policy number	
Name of person completing this form (Employer administrative contact)	Title	Phone number	

2 Employee information

Employee name (first, middle initial, last)		
Social Security number	Date of termination (m/d/y)	Date Group Life coverage terminates (if different)

Was the employee totally disabled on the termination date? Yes No
 Has a Waiver of Premium claim been filed? Yes No
 Are premiums still being paid by the employer? Yes No

3 Coverage information

For **Group Life**, provide employee with the Portability Kit (GR/1168) and separate Application.

Basic Life. Select either *Life only* or *Life+AD&D* below. Only check *Life + AD&D* if your Group Life plan includes an AD&D benefit. Fill in amount for each coverage elected:

Employee:	<input type="checkbox"/> Life only <input type="checkbox"/> Life+AD&D	Basic Life amount:	\$ <input type="text"/>
Spouse:	<input type="checkbox"/> Life only <input type="checkbox"/> Life+AD&D	Basic Life amount:	\$ <input type="text"/>
Child:	<input type="checkbox"/> Life only <input type="checkbox"/> Life+AD&D	Basic Life amount:	\$ <input type="text"/>

Optional Life. Select either *Life only* or *Life+AD&D* below. Only check *Life + AD&D* if your Optional Life plan includes an AD&D benefit. Fill in amount for each coverage elected:

Employee:	<input type="checkbox"/> Life only <input type="checkbox"/> Life+AD&D	Optional Life amount:	\$ <input type="text"/>
Spouse:	<input type="checkbox"/> Life only <input type="checkbox"/> Life+AD&D	Optional Life amount:	\$ <input type="text"/>
Child:	<input type="checkbox"/> Life only <input type="checkbox"/> Life+AD&D	Optional Life amount:	\$ <input type="text"/>

4 Signature

Signature of person completing this form (Employer administrative contact) X	Today's date
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