



BENEFIT SOLUTIONS

Conversion of Life Insurance upon Termination of Employment

Your life insurance, accidental death & dismemberment, disability, extended health care and dental care benefits terminate on the date your employment terminates.

Claims for services after your termination date will not be reimbursed by CINUP.

Did you know?

If you are age 65 or younger, you have the option of converting your group life insurance to an individual life insurance policy, without providing medical evidence. You must act quickly as your **Request for Conversion must be received by Desjardins Financial Security within 31 days of your termination date.**

Why convert?

Termination of employment seldom means that your need for life insurance is any less. Those dependent on you still require the life insurance protection. An advantage of the conversion privilege is that you may continue your life insurance coverage regardless of your present health condition or even if you are going into a more hazardous occupation. In such circumstances it can be exceedingly difficult and expensive to get a new life insurance policy.

When and how to convert!!

You must complete and submit the attached Request for conversion **within 31 days** of the termination of your group life insurance to:

Desjardins Financial Security
200, rue des Commandeurs
Levis (Quebec) G6V 6R2

During this 31 day period you will continue to be insured for the life insurance benefit, at no charge. The amount of coverage will be equal to the eligible amount to be converted. Please contact the Customer Care Centre for additional details.

What will it cost?

The cost will be greater than the coverage that was available under CINUP as you are individually rated and are not required to provide medical evidence.

To obtain a quote, please contact **Desjardins Financial Security** directly at **1-800-263-1810**

How much insurance may be converted?

You may convert all (or any portion) of the group life insurance being terminated. However, the converted amount may not exceed the lesser of:

- \$200,000, and
- the difference between your terminated amount and the amount, if any, you become eligible for within 31 days of termination.

If the amount of your group life insurance is less than the normal minimum required under the individual plan selected, then you must convert the full amount of your group life insurance.

Should you have any questions or concerns, please contact our office at 1-800-665-1234.

We're here to help!

REQUEST FOR CONVERSION

A - STATEMENT OF POLICYHOLDER OR EMPLOYER

Name of policyholder or employer		Group no.	Certificate or identification no.	
Last name of member	First name	Date of:		YYYY MM DD
		<input type="checkbox"/> coverage termination <input type="checkbox"/> coverage reduction		
1. Will the member be submitting a disability claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		2. Is the member recovering from a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ONLY COMPLETE THE FOLLOWING TABLE IF THE CONTRACT IS SELF-ADMINISTERED:

GROUP INSURANCE AMOUNTS ELIGIBLE FOR CONVERSION UNDER THE CONTRACT						
	LIFE INSURANCE			CRITICAL ILLNESS INSURANCE		
	BASIC	OPTIONAL	TOTAL	BASIC	OPTIONAL	TOTAL
Member						
Spouse						
Dependent children						

Signature of policyholder or employer	Date
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B - STATEMENT OF MEMBER – Please read the information on the back of this form before completing this section.

Last name	First name	Date of birth	Sex
		YYYY MM DD	<input type="checkbox"/> M <input type="checkbox"/> F
Address - No., street, apt.		City	Province Postal code
Telephone no.	Cell no.	E-mail	
() ()	() ()		
Will you be employed again within 31 days of when your coverage ends?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If so, will you have group life insurance through your new employer?		<input type="checkbox"/> Yes – Specify amount: \$ <input type="text"/> <input type="checkbox"/> No	

TOTAL INSURANCE AMOUNTS REQUESTED UNDER THE CONVERSION PRIVILEGE			
	LIFE INSURANCE		CRITICAL ILLNESS INSURANCE
Member			
Spouse			
Dependent children			

SPOUSE - Last name	First name	Date of birth	Sex
		YYYY MM DD	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD - Last name	First name	Date of birth	Sex
		YYYY MM DD	<input type="checkbox"/> M <input type="checkbox"/> F
CHILD - Last name	First name	Date of birth	Sex
		YYYY MM DD	<input type="checkbox"/> M <input type="checkbox"/> F

DECLARATION AND AUTHORIZATION FOR THE COLLECTION AND COMMUNICATION OF PERSONAL INFORMATION

I certify that all the information provided in this conversion request is complete and true. I acknowledge that all the benefits offered in the contract are subject to the provisions for limitations or reductions as well as to the exclusions stipulated therein. I acknowledge that I have read the information on the back of this form and that I have kept a copy thereof. I give my consent for the information provided herein to be given to a Desjardins Financial Security Independent Network representative or an SFL Partner of Desjardins Financial Security representative so that they may contact me about products that I can convert my coverage into. Any copy of this authorization shall be as valid as the original.

Signature of member	Date
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Please send this form to Desjardins Financial Security Life Assurance Company and keep a copy for your file.

FOR ADMINISTRATIVE USE ONLY

DATE FORM RECEIVED	YYYY MM DD	CONVERSION DEADLINE	YYYY MM DD			
MAXIMUM INSURANCE AMOUNTS ELIGIBLE FOR CONVERSION BASED ON THE INSURED AMOUNTS, THE CONTRACT OR THE PROVINCE OF RESIDENCE						
	LIFE INSURANCE			CRITICAL ILLNESS INS. <input type="checkbox"/> Claims checked		
	BASIC	OPTIONAL	TOTAL	BASIC	OPTIONAL	TOTAL
Member						
Spouse						
Dependent children						
INFORMATION ABOUT THE ADVISOR ASSIGNED TO THE GROUP INSURANCE PLAN - If applicable						
Last name		First name				
Address - No., street, apt.		City	Province	Postal code		
FORM CHECKED BY			DATE			

IMPORTANT INFORMATION

- **Please print.**
- **Please use a second 14141E form if you are requesting the conversion of insurance amounts for more than two children.**

Depending on your policy or province of residence, your group life and critical illness insurance benefits may include a conversion privilege allowing you to convert them into individual coverage. Please note that if you have already been paid the full critical illness insurance benefit, you will not be able to convert your group critical illness insurance into individual coverage.

The minimum and maximum insurance amounts that can be converted are stipulated in the policy or defined based on the laws of your province of residence. Some restrictions may apply in the event of a transfer to another group insurance plan.

Your group life and critical illness insurance benefits will remain in force 31 days after your coverage ends or is reduced, and are subject to certain restrictions. Your individual insurance policies will not come into force until the end of the 31-day period.

The conversion request must be received by Desjardins Financial Security Life Assurance Company's head office within 31 days of the coverage termination or reduction date indicated in section A.

PERSONAL INFORMATION MANAGEMENT

Desjardins Financial Security Life Assurance Company (DFS) handles the personal information it has on you in a confidential manner. DFS keeps this information on file so that you may benefit from the individual services offered by the Company. This information is consulted solely by DFS employees who need to do so in the course of their work.

You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address:

Privacy Officer
Desjardins Financial Security Life Assurance Company
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

DFS may send information on its promotions or offer new products to those whose names appear on its client list. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at DFS.