

Plan Member/Spouse Section

If your Great-West Life group life insurance has been terminated or reduced, you may be entitled to purchase a conversion life insurance policy, without providing medical evidence of insurability if:

- It is within the provisions of your group insurance contract, and
- Your completed application for conversion to individual insurance and the first premium is received by Great-West or Freedom 55 Financial within **31 days** after your group insurance terminates or reduces.

You can also apply for an individual insurance policy, which provides more flexible and personalized coverage; however, you'll be required to provide medical evidence of insurability. If you apply for a Great-West or Freedom 55 individual life insurance policy within 31 days of your group insurance reduction/termination, you don't qualify medically, we'll automatically proceed with a conversion life insurance policy that doesn't require medical evidence.

To convert your group life insurance policy, you'll need to:

- Contact a Great-West or Freedom 55 financial security advisor
- Provide a Group Life Conversion Privilege Notification form

If your advisor is licensed to sell Great-West or Freedom 55 products, he or she can assist you in the conversion process. Otherwise, please visit greatwestlife.com - **Contact Us - Connect to our sales and marketing team** or freedom55financial.com - **Contact Us**.

Plan Administrator Section

Complete the fields below, give a copy of the form to the plan member upon termination or reduction of coverage, and keep a copy for your files.

1. Financial security advisor information (if applicable)

Conversion contact	Telephone no. ()	Fax no. ()
Address		

2. Plan member/spouse information

Plan member's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Month	Date of Birth Day	Year
Spouse's name (if eligible for spousal conversion)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Month	Date of Birth Day	Year
Address			Telephone no. ()	

3. Group life insurance information

Group plan name:					
		Plan no.:	Reduced/terminated amount:	Combined conversion maximum:	Date insurance reduced/terminated (Month/Day/Year)
Plan member	Basic		\$	\$	(Month/Day/Year)
	Optional		\$		(Month/Day/Year)
	Supplementary		\$		(Month/Day/Year)
Spouse	Basic		\$	\$	(Month/Day/Year)
	Optional		\$		(Month/Day/Year)

4. Plan administrator information

Date (Month/Day/Year)	Plan administrator's name (Please print)
Telephone No. ()	Plan administrator signature