Desjardins Insurance
Life • Health • Retirement

The MEARIE Group

GROUP INSURANCE - CONTRACT ADMINISTRATION

REQUEST FOR CONVERSION

A - STATEMENT OF POLICYHOLDER OR EMPLOYER

Please print.

Name of employer	Group no.	MEARIE division no.	Certificate or identification no.

Last name of member	First name	Date of: YYYY MM DD ☐ Coverage termination ☐ Coverage reduction

1. Will the member be submitting a disability claim? ☐ Yes ☐ No
2. Is the member recovering from a disability? ☐ Yes ☐ No

GROUP INSURANCE AMOUNTS ELIGIBLE FOR CONVERSION UNDER THE CONTRACT

	LIFE INSURANCE			
	BASIC	OPTIONAL	SUPPLEMENTARY	TOTAL
Member				
Spouse			NOT AVAILABLE	

Signature of policyholder or employer: **Date:**

B - STATEMENT OF MEMBER

Read the information on the back of this form before completing the section B. Please print.

Last name	First name	Date of birth YYYY MM DD	Sex ☐ M ☐ 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? ☐ Yes ☐ No

If so, will you have group life insurance through your new employer? ☐ Yes – Specify amount: $ ☐ No

TOTAL INSURANCE AMOUNTS REQUESTED UNDER THE CONVERSION PRIVILEGE

	LIFE INSURANCE			
	BASIC	OPTIONAL	SUPPLEMENTARY	TOTAL
Member				
Spouse			NOT AVAILABLE	

SPOUSE - Last name	First name	Date of birh YYYY MM DD	Sex ☐ M ☐ 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, hereinafter Desjardins Insurance, Independent Network representative or an SFL Partner of Desjardins Insurance representative so that they may contact me about products that I can convert my coverage into. I authorize Desjardins Insurance, its agents and service providers to collect, use and disclose information about me, my spouse or my dependents to any person or organization including the pharmacies, health care practitioners, institutions, investigative agencies or insurers for the purposes of underwriting, administration, optimal health management, auditing and paying claims. A photocopy of this authorization is as valid as the original.

Signature of member: **Date:**

Please fax or mail this form to The MEARIE Group and keep a copy for your records.
3700 Steeles Avenue West, Suite 1100, Vaughan, ON L4L 8K8
Fax: 905-265-5302

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. ☐ **Claims checked**		
	BASIC	OPTIONAL	SUPPLEMENTARY	TOTAL	BASIC	OPTIONAL	TOTAL
Member					NOT AVAILABLE		
Spouse			NOT AVAILABLE				
Dependent children	NOT AVAILABLE						

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:

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

PRINT NEW REQUEST

IMPORTANT INFORMATION

Depending on your policy or province of residence, your group life insurance benefits may include a conversion privilege allowing you to convert them 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 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 Insurance's head office within 31 days of the coverage termination or reduction date indicated in section A.

PERSONAL INFORMATION MANAGEMENT

Desjardins Insurance handles the personal information it has on you in a confidential manner. Desjardins Insurance keeps this information on file so that you may benefit from the individual services offered by the Company. This information is consulted solely by Desjardins Insurance employees who need to do so in the course of their work. Desjardins Insurance may compile anonymized personal information for statistical and informational purposes. Desjardins Insurance may also communicate with plan members to provide them with optimal health management.

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 Insurance
200, rue des Commandeurs
Lévis (Québec) G6V 6R2

Desjardins Insurance 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 Desjardins Insurance.