



AGA
BENEFIT
SOLUTIONS

LIFE INSURANCE CONVERSION PRIVILEGE AND/OR OTHER BENEFITS FOLLOWING TERMINATION

Important: Forward this form to AGA within 5 business days before the end of the 31-day period following termination.

INFORMATION ABOUT THE MEMBER

Employer/Policyholder name		Contract No.	Group/Division No.
Member's last name		First name	Certificate No.
Date of birth (Y / M / D)	Email		Telephone No.
Complete address: No. _____ Street _____ Apt. _____			
City _____ Province _____ Postal code _____			

INFORMATION ABOUT THE CONVERSION APPLICATION

As your employment terminated on _____, your group insurance ended on the same date.

Under the conversion privilege contained in the contract, you may convert your group life insurance to an individual policy. Other benefits may also be eligible for conversion to an individual policy. To learn about the eligible benefits, please refer to your group insurance booklet or contact **AGA BENEFIT SOLUTIONS**.

Should you want to exercise your conversion privilege, your conversion application must be received at any branch of the Insurance Company or at **AGA BENEFIT SOLUTIONS within 5 business days before the end of the 31-day period** following your employment termination or benefit termination, as applicable.

AGA BENEFIT SOLUTIONS
Email: info@aga.ca or by fax: 514 935-1147

AGA Customer Service
1 800 363-6217

☐ **YES, I would like to use the conversion privilege as stated in the contract
(for life insurance and other benefits that may be eligible in the contract)**

In order to better respond to your request, please confirm the following information :

I am: ☐ SMOKER ☐ NON-SMOKER

I have a specific medical condition : ☐ No ☐ Yes Please specify: _____

Upon receipt of this form, you will be contacted by one of our Financial Security Advisors or by a Representative of the insurer concerned by this conversion application.

MEMBER'S SIGNATURE

Member's signature: _____ Date: _____