



Chambers of Commerce
Group Insurance Plan®

GROUP LIFE INSURANCE CONVERSION WAIVER

I, _____, understand that I am eligible to convert the face amount of my group life
(Name)

insurance to an individual policy. I may do so within 31 days of the termination of my employment and I am not required to provide medical evidence of good health to the insurer. I understand this conversion option and **do not** wish to apply for this life insurance coverage.

I also understand that all other group insurance benefits end when my employment terminates.

I declare that neither I nor my heirs / beneficiaries may claim any insurance benefits after the termination of my employment.

Dated at _____ in _____, this _____ of _____ 20 _____.
town/city province day month year

Employee's Signature

Witness

Spouse's Signature

Witness

Desjardins Financial Security, RBC Insurance and Western Life Assurance Company are the primary insurers for the Plan.