

## SmartChoice Benefits Request for Conversion Application

If your employment has terminated, you may continue the following benefits at your own expense provided that you have been covered for at least 12 consecutive months for any of the benefits listed below.

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

RBC Insurance Policy #: \_\_\_\_\_ I.D. #: \_\_\_\_\_

Blue Cross Policy #: \_\_\_\_\_ ACE INA Ins. Co. Policy #: \_\_\_\_\_

1. Please specify the date your current coverage became effective.

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

2. Please specify the date your employment terminated.

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

3. Choose one or more of the following benefits you would like to convert:

- \_\_\_\_\_ Group Life Insurance
- \_\_\_\_\_ Group Long Term Disability
- \_\_\_\_\_ Dental Option 3
- \_\_\_\_\_ Health Option 1
- \_\_\_\_\_ Vision
- \_\_\_\_\_ Group Critical Illness

Please send this completed form within 5 business days of your termination date to:

SmartChoice Benefits Inc.

25 North Rivermede Road, Unit #: 19

Concord, Ontario

L4K 5V4

Phone #: 1-800-567-0156 Fax #: (905) 660-4199

Email: info@smartchoicebenefits.ca

Please note that you must complete a Conversion Application Form if you are converting Group Life, Group Long Term Disability benefits and/or Group Critical Illness. These applications can be mailed out to you by contacting us. The Conversion Application form(s) must be received at SmartChoice Benefits within 31 days of your termination date. If you wish to convert Health & Dental benefits, please contact SmartChoice Benefits.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_