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# INSTRUCTIONS FOR CONVERSION OF GROUP LIFE INSURANCE TO AN INDIVIDUAL POLICY

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## To be used by Residents of Puerto Rico only

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### *Who is Eligible to Convert?*

You may convert your Sun Life Group Life Insurance to an individual policy if:

1. You terminated your employment or you are no longer in a class of employees eligible for insurance\*; or
2. For some reason the Group Life Insurance policy or the coverage for the class of employees to which you belong is discontinued. In this case, you must have been continuously insured for at least five (5) years immediately before the termination date.\*

\*These rights are available only if they are included in the Group Life Insurance policy.

**NOTE: The Original Conversion Request (complete back and front) and premium must be sent to Sun Life and Health Insurance Company (U.S.) (SLHIC (U.S.)) within 31 days after your Group Life Insurance is terminated.**

### *How Much Can You Convert?*

1. If you terminated your employment or you are no longer in a class of employees eligible for the insurance, you may convert any amount up to the amount of the Group Life Insurance benefit you had under the Group Life Insurance policy, subject to any restrictions provided for in the Group Life Insurance policy.
2. If the Group Life Insurance policy or the coverage for the class of employees to which you belong is discontinued and you have been continuously insured under the Group Life Insurance policy for at least five (5) years\* prior to discontinuance, you shall be entitled to convert to an individual policy which shall not exceed the smaller of:
  - a. the amount of your insurance under the Group Life Insurance policy on the date your insurance terminates. We will reduce such amount by the amount of any life insurance that you are or become eligible for under any Group Life Insurance policy within 31 days after such termination; or
  - b. \$2,000\*

\*Unless otherwise provided for in your Group Life Insurance policy.

### *How Do You Apply for Conversion?*

1. Determine the amount of life insurance you want to convert from the amount of life insurance for which you are eligible.
2. Calculate the cost for the amount you choose (see rates and instructions section).
3. Complete the Conversion Request in full. Be sure both sides of the request are completed. If your Group Life Insurance policy is assigned, please have assignee sign the conversion request beneath your signature.
4. Send the **original** completed request (faxes are not accepted) and **premium payment** to:

*Sun Life and Health Insurance Company (U.S.)  
Group Conversion Unit  
P.O. Box 810  
Greenfield, MA 01302-0810*

**The check or money order should be payable to Sun Life and Health Insurance Company (U.S.). DO NOT SEND CASH.**

### *How to Complete your Request for Conversion.*

Please complete all areas in **pen**, making sure the request is **signed, dated and witnessed**. Information regarding the prior Group Account Number and the amount of prior insurance can be obtained from your prior employer. Please have the Employer's Statement fully completed by your prior employer.

Please follow these instructions to calculate premiums for the whole life policy "GLHIC 8397[S]PR"

**Instructions for Calculating Your Premium**

After you have selected the amount of insurance, calculate your premium as follows:

1. Determine the effective date of your new policy (31 days immediately following your Group Life Insurance coverage termination date).
2. To determine the insurance age you should use, add six months to the effective date of your new policy. If your birthday falls within that six month period, you must add one to your present age - otherwise use your present age.
3. Locate the appropriate rate chart, based on the amount you wish to convert:
  - Chart #1 – amounts from \$10,000 to \$24,999.
  - Chart #2 – amounts from \$25,000 to \$99,999.
  - Chart #3 – amounts from \$100,000 to \$249,999.
  - Chart #4 – amounts from \$250,000 and over.

Please call our Conversion Specialist toll-free at 1-800-451-2513, ext. 4722 to obtain the rates for ages below 18 or above 80, or to obtain rates for amounts less than \$10,000.

4. Find your "insurance age" on the "Age" column of the applicable rate chart and then move across to find your premium rate for each \$1,000 of insurance you elected, based on your gender.
5. Multiply the rate per \$1,000 times the amount of insurance (Example, for \$5,000 of life insurance, multiply the rate by 5, for \$5,500 of life insurance, multiply the rate by 5.5).
6. Add in the Policy Fee of \$20.00.

For semi-annual premium, multiply the annual premium by .51 or for quarterly premium, multiply by .26.

If you need assistance, you may call Group Policyholder Service toll-free at 1-800-451-2513.

**Figure Your Premium Here**

(a) Rate per \$1,000 (see 4 above)	\$	
(b) Amount of life insurance (omit zeros as in 5 above)	x	
(c) Add Policy Fee	+	\$20.00
(d) Total annual premium	\$	
(e) Multiply by factor for semi-annual or quarterly, if desired	x	
	Total	

Send check or money order payable to Sun Life and Health Insurance Company (U.S.).

**Example:** Male; Age 60; Conversion to \$25,000 SLHIC (U.S.) 8397[S]PR, Quarterly Premium

<u>Use CHART #2</u>	
Rate per \$1,000	\$ 40.64
Amount of Insurance	x 25
	1016.00
Policy Fee	+ 20.00
	\$1036.00
Qtr. Prem. Factor	x .26
Total	269.36

When completing your request, be sure that the amount of premium listed in box #10 agrees with your calculation of total premium and your check.

**ALL** sections of the request should be completed. The request and check for the premium must be submitted to Sun Life and Health Insurance Company (U.S.) within 31 days after your Group Life Insurance is discontinued.

**Please make check payable to Sun Life and Health Insurance Company (U.S.)**

\*Formerly known as Genworth Life and Health Insurance Company  
Sun Life and Health Insurance Company (U.S.) is a member of the Sun Life Financial group of companies

Sun Life and Health Insurance Company (U.S.)  
Policy Form 8397[S]PR (Premium Reduction Whole Life)

**Chart #1: Rates to convert amounts from \$10,000 to \$24,999**

\$20.00 Policy Fee  
Annual Rate per \$1,000 of Coverage (Need to add to Policy Fee)

Age	Male	Female	Age	Male	Female	Age	Male	Female
18	\$ 8.19	\$ 7.35	39	\$ 14.56	\$ 14.56	60	42.53	\$ 35.31
19	8.32	7.53	40	16.85	15.11	61	\$ 44.50	36.83
20	8.47	7.71	41	17.63	15.72	62	46.41	38.36
21	8.64	7.92	42	18.43	16.39	63	48.30	39.99
22	8.83	8.12	43	19.28	17.10	64	50.28	41.84
23	9.04	8.36	44	20.17	17.84	65	52.51	43.99
24	9.27	8.60	45	21.10	18.57	66	55.11	46.48
25	9.54	8.88	46	22.09	19.31	67	58.15	49.25
26	9.85	9.18	47	23.16	20.04	68	61.59	52.36
27	10.20	9.53	48	24.31	20.81	69	65.39	55.83
28	10.59	9.90	49	25.53	21.63	70	69.47	59.69
29	11.02	10.27	50	26.79	22.53	71	73.81	64.07
30	11.45	10.65	51	28.08	23.53	72	78.45	69.07
31	11.90	11.03	52	29.39	24.63	73	83.49	74.55
32	12.39	11.44	53	30.75	25.79	74	88.89	80.28
33	12.90	11.85	54	32.16	27.01	75	94.63	86.09
34	13.45	12.27	55	33.64	28.26	76	100.69	91.87
35	14.03	12.70	56	35.21	29.56	77	107.05	97.57
36	14.67	13.14	57	36.90	30.91	78	113.75	103.12
37	15.36	13.59	58	38.70	32.32	79	120.78	108.39
38	16.08	14.06	59	40.59	33.79	80	128.13	113.26
							135.84	

Sun Life and Health Insurance Company (U.S.)  
Policy Form 8397[S]PR (Premium Reduction Whole Life)

**Chart #2: Rates to convert amounts from \$25,000 to \$99,999**

\$20.00 Policy Fee  
Annual Rate per \$1,000 of Coverage (Need to add to Policy Fee)

Age	Male	Female	Age	Male	Female	Age	Male	Female
18	\$ 5.14	\$ 4.65	39	\$ 11.87	\$ 11.87	60	38.72	\$ 32.61
19	5.26	4.83	40	13.79	12.42	61	\$ 40.64	34.07
20	5.41	5.02	41	14.57	13.02	62	42.50	35.52
21	5.58	5.22	42	15.38	13.69	63	44.34	37.04
22	5.76	5.43	43	16.22	14.41	64	46.27	38.77
23	5.98	5.66	44	17.10	15.14	65	48.44	40.81
24	6.21	5.91	45	18.02	15.88	66	50.99	43.17
25	6.48	6.18	46	18.99	16.61	67	53.99	45.81
26	6.79	6.49	47	20.03	17.35	68	57.39	48.76
27	7.14	6.83	48	21.13	18.11	69	61.14	52.08
28	7.54	7.20	49	22.29	18.93	70	65.17	55.77
29	7.96	7.58	50	23.49	19.84	71	69.44	60.02
30	8.39	7.96	51	24.73	20.83	72	74.04	64.96
31	8.84	8.34	52	25.99	21.93	73	79.11	70.37
32	9.33	8.74	53	27.29	23.10	74	84.52	75.87
33	9.84	9.15	54	28.66	24.31	75	90.11	81.19
34	10.39	9.57	55	30.09	25.57	76	95.75	86.13
35	10.98	10.01	56	31.60	26.87	77	101.32	90.62
36	11.61	10.45	57	33.24	28.23	78	106.84	94.49
37	12.30	10.90	58	34.99	29.65	79	112.20	97.54
38	13.02	11.37	59	36.83	31.11	80	117.33	99.54
							122.12	

Please call our Conversion Specialist toll-free at 1-800-451-2513 ext. 4722, to obtain the rate for ages below 18 or above 80.

Sun Life and Health Insurance Company  
Policy Form 8397[S]PR (Premium Reduction Whole Life)

**Chart #3: Rates to convert amounts from \$100,000 to \$249,999**

\$20.00 Policy Fee  
Annual Rate per \$1,000 of Coverage (Need to add to Policy Fee)

Age	Male	Female	Age	Male	Female	Age	Male	Female
18	\$ 4.69	\$ 4.26	39	\$ 13.03	\$ 11.49	60	\$ 38.44	\$ 30.16
19	4.81	4.44	40	13.79	12.02	61	40.19	31.55
20	4.96	4.63	41	14.56	12.61	62	41.93	32.99
21	5.14	4.83	42	15.37	13.25	63	43.75	34.50
22	5.32	5.04	43	16.21	13.93	64	45.79	36.11
23	5.53	5.27	44	17.09	14.62	65	48.15	37.87
24	5.76	5.52	45	18.01	15.33	66	50.90	39.66
25	6.03	5.79	46	19.00	16.03	67	53.99	41.51
26	6.32	6.10	47	20.05	16.75	68	57.40	43.55
27	6.65	6.44	48	21.15	17.49	69	61.09	45.96
28	7.02	6.81	49	22.29	18.27	70	65.03	48.91
29	7.41	7.18	50	23.45	19.09	71	69.34	52.57
30	7.82	7.57	51	24.64	19.97	72	74.15	57.00
31	8.25	7.95	52	25.86	20.91	73	79.31	61.97
32	8.72	8.35	53	27.13	21.89	74	84.60	67.11
33	9.21	8.76	54	28.47	22.93	75	89.87	72.13
34	9.74	9.18	55	29.89	24.00	76	94.98	76.83
35	10.31	9.61	56	31.43	25.12	77	99.92	81.15
36	10.93	10.05	57	33.08	26.30	78	104.57	84.93
37	11.59	10.52	58	34.83	27.54	79	108.83	87.95
38	12.30	10.99	59	36.62	28.82	80	112.56	89.98

Sun Life and Health Insurance Company  
Policy Form 8397[S]PR (Premium Reduction Whole Life)

**Chart #4: Rates to convert amounts from \$250,000 and Over**

\$20.00 Policy Fee  
Annual Rate per \$1,000 of Coverage (Need to add to Policy Fee)

Age	Male	Female	Age	Male	Female	Age	Male	Female
18	\$ 4.44	\$ 4.01	39	\$ 12.78	\$ 11.24	60	\$ 38.19	\$ 29.91
19	4.56	4.19	40	13.54	11.77	61	39.94	31.30
20	4.71	4.38	41	14.31	12.36	62	41.68	32.74
21	4.89	4.58	42	15.12	13.00	63	43.50	34.25
22	5.07	4.79	43	15.96	13.68	64	45.54	35.86
23	5.28	5.02	44	16.84	14.37	65	47.90	37.62
24	5.51	5.27	45	17.76	15.08	66	50.65	39.41
25	5.78	5.54	46	18.75	15.78	67	53.74	41.26
26	6.07	5.85	47	19.80	16.50	68	57.15	43.30
27	6.40	6.19	48	20.90	17.24	69	60.84	45.71
28	6.77	6.56	49	22.04	18.02	70	64.78	48.66
29	7.16	6.93	50	23.20	18.84	71	69.09	52.32
30	7.57	7.32	51	24.39	19.72	72	73.90	56.75
31	8.00	7.70	52	25.61	20.66	73	79.06	61.72
32	8.47	8.10	53	26.88	21.64	74	84.35	66.86
33	8.96	8.51	54	28.22	22.68	75	89.62	71.88
34	9.49	8.93	55	29.64	23.75	76	94.73	76.58
35	10.06	9.36	56	31.18	24.87	77	99.67	80.90
36	10.68	9.80	57	32.83	26.05	78	104.32	84.68
37	11.34	10.27	58	34.58	27.29	79	108.58	87.70
38	12.05	10.74	59	36.37	28.57	80	112.31	89.73

Please call our Conversion Specialist toll-free at 1-800-451-2513 ext. 4722, to obtain the rate for ages below 18 or above 80.