



Chambers of Commerce
Group Insurance Plan®

**GROUP LIFE AND ACCIDENTAL DEATH &
DISMEMBERMENT INSURANCE
CONVERSION WAIVER**

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

and accidental death & dismemberment 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:

- Life Insurance
- Accidental Death & Dismemberment

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 Insurance, ACE INA Insurance and Western Life Assurance Company are the primary insurers for the Plan.

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company