

CONTINUATION OF GROUP TERM LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

EMPLOYER INSTRUCTIONS

Employees who have either terminated or lost coverage have 31 days from either their termination date or the date they lost coverage to elect to continue the coverage through either portability or conversion.

The 31 days is a strict time requirement and they will lose their right to continue their coverage after the 31 days has expired. It is important to provide terminated employees (or employees that have lost coverage) with the continuation packet as soon as possible after their termination (or loss of coverage).

Insurance Companies:

Group Term Life and Voluntary Term Life	Sun Life
Matching AD&D and Voluntary AD&D	Zurich

Employees should provide terminated employees (or employees losing coverage) with the continuation packet as soon as possible. Included at the back of this packet are 3 documents that need to be completed by the Employer. These are:

1. Sun Life Portability Notice
2. Sun Life Notice of Group Life Conversion
3. Accidental Death & Dismemberment Conversion Notice

The employee will need these 3 forms in order to continue coverage either through portability or conversion. The exact amount of coverage each employee has is listed on each month's benefit billing.

It is always a good idea to make sure that the terminated employee (or employee losing coverage) understands that they have only 31 days from their termination date to exercise these rights.

CONTINUATION OF GROUP TERM LIFE INSURANCE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

EMPLOYEE INSTRUCTIONS

Employees who have either terminated or lost coverage have 31 days from either their termination date or the date they lost coverage to elect to continue the coverage through either portability or conversion. **The 31 days is a strict time requirement and you will lose your right to continue coverage after the 31 days has expired.** Please read the information in this packet carefully for a complete description of your options.

Insurance Companies:

Group Term Life and Voluntary Term Life	Sun Life
Matching AD&D and Voluntary AD&D	Zurich

Included in this continuation packet are the following:

1. Cover page titled "Your Group Life insurance benefits"
2. Life Insurance Options
3. Application for Portable Group Life Insurance
4. Sun Life Portability Notice (completed by Employer)
5. Sun Life Notice of Group Conversion (completed by Employer)
6. Accidental Death & Dismemberment Conversion Information Request Form (completed by both Employer and Employee)

After reading the packet you may exercise your group term life portability rights by completing Application for Portable Group Life Insurance and mailing it to Sun Life along with both the Sun Life Notice of Conversion along with the required premium payment. The premium rates are included in the Life Insurance Options piece. If you wish to convert your group term life coverage instead of exercising the portability option, or if you have questions concerning portability please call Sun Life at 800-247-6875.

If you desire to continue Accidental Death & Dismemberment coverage, please complete the Employee section of the Accidental Death & Dismemberment Conversion Information Request Form and mail to KBA Insurance at the address shown on the form. This information will be forwarded to Zurich and they will provide you with a conversion packet directly.

Please remember that the right to continue your coverage expires after 31 days following the date of your termination (or loss of coverage).

Your Group Life insurance benefits

Take your life insurance with you

During your employment you were covered under a group policy for life insurance and/or accidental death and dismemberment. Now, you can take your insurance with you by porting or converting the plans. Here's how porting and converting work:

About portability

Portability means that you take with you—or “port”—your group plan after employment ends. Porting is a good solution if you are 69 years old or younger and are not terminating employment due to retirement, illness, or injury. Porting the plan gives you coverage until age 70. Other eligibility restrictions may apply. Refer to your employee booklet for details.

About conversion

Conversion means you change—or “convert”—your group plan to an individual policy without having to answer any medical questions. Conversion is a good solution if you are leaving your job, reducing hours, retiring, or if you have reached the age when coverage may be reduced or eliminated. Converting your plan gives you coverage for your lifetime.

Get started today!

You have 31 days from your last day of work to continue your coverage. First, review your portability and conversion notices from your employer.

Next, call Sun Life Financial at (800) 247-6875, 8 a.m. – 6 p.m. ET. When you call, have the information from your notice ready, including:

- your employer's name and address
- your group policy number
- your social security number
- the coverage amount of your group life and/or accidental death and dismemberment plan
- the name, address, and social security number of dependent(s) covered under your current plan(s)

Our customer service experts will help you decide which solution works best for you. If you decide to continue coverage, you will be asked to complete an application and send payment for the first premium to Sun Life.

Take your life insurance with you. It's that easy!

The details listed in this handout, including eligibility requirements, may vary by state or by employer. Other eligibility restrictions may apply depending on your employer's plan design. See your employee booklet for details.

*Group Life Portability
Employee Kit*

Life Insurance

Options



*Solutions for employees
making a career transition*

Sun 
Life Financial®

How to take your life insurance benefits with you

Did you know that you may be eligible to take your Group Life insurance benefits with you when you leave your job? It's called Portability coverage, and it allows you to "port," or carry, your benefits with you when you move on. For most policies, you can also keep your portable coverage until age 70 (please check your Group insurance booklet or certificate, or talk with your Benefits Administrator). You may be eligible to port:

- Basic Life
- Basic Dependent Life
- Basic AD&D
- Optional or Voluntary Life
- Optional or Voluntary Dependent Life
- Optional AD&D

The most important thing to remember is that you have a limited time to act. For most policies, the application deadline is **31 days after the date of your employment termination**. However, some policies may have a later application deadline. Please check your Group insurance booklet or certificate, or check with your Benefits Administrator to determine whether you can apply and your deadline to apply.

I am eligible for Portability coverage. Now what?

Your employer will give you two forms:

- 1. Portability Notice** Your employer completes this form, but you need to mail it to Sun Life Financial with your application and payment. This form shows you how much coverage you had with your employer, including spouse and/or child coverage and/or Accidental Death & Dismemberment (AD&D) if applicable.
- 2. Application** This is for you to complete and mail to Sun Life Financial. We have three tools to help you make a decision: the Portability Notice explained above, and the Worksheet and Rate Schedule to the right. You have the option to keep the same coverage or decrease the amount.*

Calculating your costs

Before you begin, there are three very important points to keep in mind:**

- **AD&D** If you had AD&D insurance coverage in addition to Life insurance coverage, the amount of portable Life coverage you choose will automatically include an equal amount of AD&D. So do not add AD&D to the amount of Life coverage you choose.
- **Dependent coverage** The premium for children is based on the cost of Group Life coverage for one child, regardless of how many children you have. Therefore, all of your children would have the same amount of coverage.
- **Basic and Optional Life** If you are porting both Basic Life and Optional Life, be sure to total the two amounts. For example, if you were covered for \$50,000 of Basic Life and \$200,000 of Optional Life, the amount of coverage should be \$250,000.

Example

This example is based on Employee, Life Only, age 40.

Step 1 Coverage amount Enter the amount of coverage for you, your spouse, and child(ren). Do not add AD&D amount (if applicable).*

Step 2 Units Divide Step 1 by 1,000 ($\$100,000 \div 1,000 = 100$).

Step 3 Rate Refer to the "Rates for Portable Group Term Life" chart to find your age and coverage. Refer to your Portability Notice to determine whether to use the Life-Only or Life + AD&D rate.

Step 4 Cost per month Multiply step 2 by step 3 ($100 \times 0.26 = \$26.00$).

Step 5 Total Add the cost for employee, spouse, and child(ren) together.

* You are allowed to apply for portable coverage up to the amount in force prior to termination, and up to a maximum of \$500,000 for most policies. Please check your Group insurance booklet or certificate, or ask your Benefits Administrator.

** Note: Your portable Group Life plan provides Life and AD&D insurance only. It does not include additional provisions like Waiver of Premium if you become disabled, provide a payment of 75% of your benefits during your lifetime if you become terminally ill (i.e., "accelerated benefits"), or allow you to apply for an increase in coverage.

EXAMPLE WORKSHEET: Calculating Your Costs				
	Step 1 Coverage Amount	Step 2 Units	Step 3 Rates	Step 4 Cost per Month
Employee only, age 40, Life coverage only	\$100,000	100	\$0.26	\$26.00
Step 5 Total Cost per Month				\$26.00

Rates for Portable Group Term Life						
Age	Employee Life Only	Employee Life & AD&D	Spouse Life Only	Spouse Life & AD&D	Child Life Only	Child Life & AD&D
0–19	\$0.12	\$0.17	\$0.12	\$0.17	\$0.20	\$0.25
20–24	\$0.12	\$0.17	\$0.12	\$0.17		
25–29	\$0.17	\$0.22	\$0.17	\$0.22		
30–34	\$0.21	\$0.26	\$0.21	\$0.26		
35–39	\$0.24	\$0.29	\$0.24	\$0.29		
40–44	\$0.26	\$0.31	\$0.26	\$0.31		
45–49	\$0.39	\$0.44	\$0.39	\$0.44		
50–54	\$0.59	\$0.64	\$0.59	\$0.64		
55–59	\$1.10	\$1.15	\$1.10	\$1.15		
60–64	\$1.69	\$1.74	\$1.69	\$1.74		
65–69	\$2.73	\$2.78	\$2.73	\$2.78		

These rates are monthly amounts per \$1,000 of coverage and are effective January 1, 2009. Note: When you reach a new age range, your rates and premium will increase.

Your Turn

YOUR WORKSHEET: Calculating Your Costs				
	Step 1 Coverage Amount	Step 2 Units	Step 3 Rates	Step 4 Cost per Month
Employee (self)				
Spouse (if eligible)				
Child(ren) (if eligible)				
Step 5 Total Cost per Month				

Step 6 Premium payment You determine your payment plan. Select one:

Annually	Multiply the total cost per month by 12. Check the “annually” box in section 2 of the application. In the example: $\$26.00 \times 12 = \$312.00/\text{year}$
Semi-annually	Multiply the total cost per month by 6. Check the “semi-annually” box in section 2 of the application. In the example: $\$26.00 \times 6 = \156.00 , paid twice per year
Quarterly	Multiply the total cost per month by 3. Check the “quarterly” box in section 2 of the application. In the example: $\$26.00 \times 3 = \78.00 , paid four times per year

Putting it all together for Sun Life Financial

Make out a check for your first premium, payable to Sun Life Assurance Company of Canada. Mail your Portability Notice, application, and check to:

Sun Life Assurance Company of Canada
Group Life Portability, SC 4375
One Sun Life Executive Park
Wellesley Hills, MA 02481

Upon approval, you will receive a Certificate of Insurance illustrating all the benefits, terms, and conditions of your ported coverage.

Introducing Crosby Benefit Systems, Inc.

After you make your first payment, our designated administrator, Crosby Benefit Systems, will bill you for all future payments. You will receive correspondence and a payment coupon booklet from Crosby, and you can contact Crosby with any billing questions at 1-800-462-2235.

Note If your ported coverage lapses due to not paying the premium, you will not be eligible to reinstate your ported coverage or apply for Conversion (see details below).

I am not eligible for Portability coverage. Now what?

There are a few reasons why you may be ineligible to apply for Portability coverage, including the following:

- You were not insured for Basic or Optional Life before your termination date.
- You are age 65+ (age 70 for some policies).
- Your employer's Group policy does not include Portability.
- You remain in employment with your employer but not at full-time status.
- Your work hours have been reduced below the minimum hours required for eligibility under your employer's Group policy.
- Your insurance is being continued under the Waiver of Premium provision.

For some policies, the following would also make you ineligible for Portability. Please refer to your plan booklet or certificate for more information:

- You retire or have an injury or sickness that would have a material effect on your life expectancy.

If you are ineligible for Portability or if you prefer more permanent coverage, you can apply for Group Life Conversion. Conversion allows you to purchase an Individual Life insurance policy from Sun Life Assurance Company of Canada. You can also apply for Conversion for any amount of Group Life insurance you had with your previous employer in excess of the \$500,000 Portability maximum.

Talk with your Benefits Administrator about applying for Conversion. You should receive a Conversion Notice, application and kit.

Questions?

Call 1-800-247-6875

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) under Policy Form Series 93P-LH, 98P-ADD, TDBPOLICY-2006, 02-SL, 07-SL, and 01C-LH-PT in all states except New York.

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GR/1845

SLPC 18508 2/08 (exp. 2/10) updated 04/09

Application for Portable Group Life Insurance



Please PRINT Clearly

Use this form to apply for Portable Basic Group Term Life and Accidental Death and Dismemberment (AD&D) insurance. Use this application for the following company:

- Sun Life Assurance Company of Canada

Please complete sections 1 through 4, read the acknowledgment, and sign and date the form. Mail the completed form, a copy of your Portability Notice, and a check for the first premium to: **Sun Life Financial, Group Life Portability, SC 3015, One Sun Life Executive Park, Wellesley Hills, MA 02481.** Questions about Portability? Please call 1-800-247-6875.

1 General Information

Rates will increase when you reach a new age band. See the Portability Kit or ask your employer for rates and age bands.

Information about the person being insured

Your name (first, middle initial, last)		<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of birth (m/d/y)	
Residence address (street number & name, apartment or suite)			City	State	Zip
Social Security Number	Work phone number		Home phone number		
X X X X X					

Information about the qualifying group policy

Name of group policyholder (i.e. your employer or plan administrator)	Policy number
Kansas Bankers Association	215840

2 Coverage Amounts

See Section 3 of the Portability Notice for the amount of insurance you are eligible to apply for. You may elect to keep the current amount(s)* of Basic and/or Optional Life coverage you had with your prior employer, or elect a lower amount

You may apply for Accidental Death and Dismemberment (AD&D) only if your employer's plan includes this option.

You may apply for spouse and/or child(ren) coverage only if your employer's plan includes these options. Be sure to write in spouse/child name(s), Social Security number(s) and date(s) of birth. To apply for spouse and child, you must apply for portability for yourself.

Check one box and write in amount under each type of insurance

Employee Basic Life <input type="checkbox"/> Elect to keep current amount Amount elected <input type="checkbox"/> Elect a lower amount \$	Employee Optional/Voluntary Life <input type="checkbox"/> Elect to keep current amount Amount elected <input type="checkbox"/> Elect a lower amount \$
Employee Basic AD&D <input type="checkbox"/> Elect to keep current amount Amount elected <input type="checkbox"/> Elect a lower amount \$ N/A	Employee Optional/Voluntary AD&D <input type="checkbox"/> Elect to keep current amount Amount elected <input type="checkbox"/> Elect a lower amount \$ N/A
Spouse Basic Life <input type="checkbox"/> Elect to keep current amount Amount elected <input type="checkbox"/> Elect a lower amount \$	Spouse Optional/Voluntary Life <input type="checkbox"/> Elect to keep current amount Amount elected <input type="checkbox"/> Elect a lower amount \$
Spouse Basic AD&D <input type="checkbox"/> Elect to keep current amount Amount elected <input type="checkbox"/> Elect a lower amount \$ N/A	Spouse Optional/Voluntary AD&D <input type="checkbox"/> Elect to keep current amount Amount elected <input type="checkbox"/> Elect a lower amount \$ N/A
Child Basic Life <input type="checkbox"/> Elect to keep current amount Amount elected <input type="checkbox"/> Elect a lower amount \$	Child Optional/Voluntary Life <input type="checkbox"/> Elect to keep current amount Amount elected <input type="checkbox"/> Elect a lower amount \$
Child Basic AD&D <input type="checkbox"/> Elect to keep current amount Amount elected <input type="checkbox"/> Elect a lower amount \$ N/A	Child Optional/Voluntary AD&D <input type="checkbox"/> Elect to keep current amount Amount elected <input type="checkbox"/> Elect a lower amount \$ N/A

Spouse name (First, M.I., Last)	Social Security number x x x x x	Date of birth (m/d/y)
Child name	Social Security Number x x x x x	Date of birth (m/d/y)
Child name	Social Security Number x x x x x	Date of birth (m/d/y)

* subject to a policy maximum of \$500,000

Premium payment

Amount enclosed \$	How would you prefer to pay premiums? <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly
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3 Health Questions

Please complete the questions at right. If you answer "yes" to any, please provide details in the comments section. If you need additional space, check here and attach a separate sheet.

	Employee	Spouse	Child
1. In the last 12 months, have you been refused life insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. In the past five years, have you had, or been treated by a member of the medical profession for, any of the following?			
a) Cancer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Heart disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been hospitalized in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Comments:			

4 Beneficiary Designation

If you do not name a beneficiary or if no beneficiaries are alive at the time of your death, proceeds will be payable to your estate.

Proceeds for the loss of a covered family member will be paid to you.

Under Secondary Beneficiaries, list the individuals who should receive proceeds only if ALL of your Primary Beneficiaries are not living at the time of your death.

On the lines below, list the individual(s) who you want to receive Portable Basic Group Term Life and Optional Group Term Life Insurance proceeds in the event of your death. You may specify as many individuals as you like, but the total shares must equal 100% for your Primary Beneficiaries and 100% for your Secondary Beneficiaries. If you need additional space, check here and attach a separate sheet.

Primary Beneficiaries

Name (first, middle initial, last)	Address (street, city, state, zip)	Social Security Number (last four digits only)	Relationship to the person being insured	Percent share of proceeds
1.				%
2.				%
Total = 100%				

Secondary Beneficiaries

Name (first, middle initial, last)	Address (street, city, state, zip)	Social Security Number (last four digits only)	Relationship to the person being insured	Percent share of proceeds
1.				%
2.				%
Total = 100%				

5 Acknowledgment and Signature

To begin processing of your portable coverage, Sun Life Assurance Company of Canada must receive this signed Application, any other required documentation, and your first premium payment within 31 days of your termination date.

You must read and sign to apply for coverage.

I/We understand and agree that: (1) The answers and statements in this Application will be the basis for and become part of any insurance certificate issued as a result of this Application. (2) The certificate issued will replace the coverage provided by the qualifying group policy indicated in Section 1 of this Application. (3) No insurance requested in this Application will be effective until Sun Life Assurance Company of Canada approves this Application. (4) I am not eligible for a Portability Certificate if I have left my employment due to retirement, sickness or injury. (5) A claim may be denied in accordance with the Incontestability provision of the Portability Certificate if the statements in this Application are not complete and true.

Fraud Warnings: Please read the fraud warning below before signing this form. Where noted, state law requires that we notify you of the following:

Fraud Warning (except as specified below): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Continued on next page

For Colorado the following notice applies: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

For District of Columbia the following notice applies: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

For Florida the following notice applies: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For Maryland the following notice applies: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime as determined by a court of competent jurisdiction.

For New Jersey the following notice applies: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For Ohio the following notice applies: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

For Oklahoma the following notice applies: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

For Oregon the following notice applies: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

For Pennsylvania the following notice applies: Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance, containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For Washington, Virginia, Maine, and Tennessee the following notice applies: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

For Vermont the following notice applies: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

No insurance requested in this Application will become effective until Sun Life Assurance Company of Canada approves the Application, notifies you of its approval, and receives the first premium payment from you. If you submit the initial premium payment with the Application and Sun Life denies the Application, Sun Life will refund it. If your Application is approved, Sun Life will bill you for future premium payments.

Signature of employee X	Today's date
Signature of spouse (if also applying for coverage) X	Today's date

Sun Life Assurance Company of Canada

Portability Notice



- Employer Instructions:
- Please complete sections 1 through 4 of this form.
 - Inform the employee that he/she has 31 days from the date of termination to apply for Portability. (Some policies may be longer. Check your group insurance booklet/certificate.)
 - Provide the employee with:
 - This completed form
 - Employee Kit for Group Life Portability, Order # GR/1845
 - Portability Application (Order # varies by state)

1 Employer Information

Questions about Portability? Call our Customer Service Center at 1-800-247-6875.

Name of group policyholder Kansas Bankers Association Bank Name:		Group policy number 215840	
Name of person completing this form (Employer administrative contact)	Title	Phone number	

2 Employee Information

To be completed by the employer.

Employee name (first, middle initial, last)			Class
Date of birth	Social Security number	Basic Annual Salary	Date last worked
Date of termination (m/d/y)		Date optional coverage terminates (if different)	

- Was the employee totally disabled on the termination date? Yes No
 Has a Waiver of Premium claim been filed? Yes No
 Are premiums still being paid by the employer? Yes No

3 Coverage Information

To be completed by the employer.

Select the appropriate coverage information, according to the group insurance booklet/certificate and/or Optional benefit. Fill in current amount of coverage

<input type="checkbox"/> Employee Basic Life \$	<input type="checkbox"/> Employee Optional / Voluntary Life \$
<input type="checkbox"/> Employee Basic AD&D \$ N/A	<input type="checkbox"/> Employee Optional / Voluntary AD&D \$ N/A
<input type="checkbox"/> Spouse Basic Life \$	<input type="checkbox"/> Spouse Optional / Voluntary Life \$
<input type="checkbox"/> Spouse Basic AD&D \$ N/A	<input type="checkbox"/> Spouse Optional / Voluntary AD&D \$ N/A
<input type="checkbox"/> Child Basic Life \$	<input type="checkbox"/> Child Optional / Voluntary Life \$
<input type="checkbox"/> Child Basic AD&D \$ N/A	<input type="checkbox"/> Child Optional / Voluntary AD&D \$ N/A

4 Signature

Signature of person completing this form (Employer administrative contact) X	Today's date
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Sun Life Financial

Notice of Group Life Conversion



Instructions for the Employer

Questions about Group Conversion? Call our Customer Service Center at 1-800-247-6875.

1. Complete sections 1, 2 and 3. Sign and date this form.
2. Present this form to the employee. **Inform the employee that he or she has 31 days from the date of termination (or the date benefits were reduced) to submit an application and first payment for individual coverage.**

1 Policy Information

To be completed by Employer

Name of group policyholder (i.e. employer or company name) Kansas Bankers Association Bank Name:	Policy number 215840	Billing group no.
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2 Employee Information

To be completed by Employer

Employee name (last, first, middle initial)		Social Security number	Date of birth
Hours worked weekly	Date of hire	Date last worked	Date of disability
Insurance effective	Date of reduction or termination		Date of last salary increase
Basic annual salary \$	Amount of coverage lost: Basic: \$ Optional: \$		Class description

This employee's Group Life benefits are being Reduced Terminated Canceled
 Was the employee totally disabled on the date last worked? Yes No N/A
 Has a Waiver of Premium claim been filed? Yes No N/A
 Are premiums still being paid by the employer? Yes No N/A

3 Dependent Information

To be completed by Employer

Dependent name (last, first, middle initial)	Amount of coverage lost: Basic: \$ Optional: \$
Dependent name (last, first, middle initial)	Amount of coverage lost: Basic: \$ Optional: \$

To be eligible to convert, a dependent must have been covered under the group policy. For more information about Group Life Conversion for dependents, please call our Customer Service Center at 1-800-247-6875.

4 Signature

To be completed by Employer

Name of employer administrative contact	Phone number
Signature of administrative contact X	Date

Information for the Employee: About Group Life Conversion

If you're leaving your job, or you've reached the age at which Group Life insurance coverage from your employer may be reduced or eliminated, how do you maintain the protection that life insurance offers?

Many people don't realize that they may be eligible to convert their Group coverage to an **individual** policy and keep the same level of coverage even after they've left their job or reached a certain age.

It's called **Group Life Conversion**, and it's available to you if your employer or plan administrator has a Sun Life Group Life policy. If you're eligible under the terms of the group policy, you have the option of converting to a Sun Life individual life policy without having to provide any additional medical information. You have 31 days from the date of termination to apply to Conversion.

How to apply for Conversion

1. Have your employer complete page 1 of this form. You'll need the information supplied by your employer to continue with the Conversion process. **Please retain this form. You will need to submit a copy of it with your application.**
2. Call our Customer Service Center at 1-800-247-6875.
3. Tell us you want a Group Life Conversion application. We need specific information from you before we will send out the application. When we ask, please be ready to provide:
 - Your Group Policy number
 - Your name, address and date of birth
 - Your Social Security number
 - The name and address of the employer where you last worked
 - The amount of Group Life coverage that was terminated or reduced
 - Name(s) of any covered dependents who are also converting
 - Termination date or date benefits were reduced

Important Reminders

You have limited time to apply for conversion. We must receive your application and first premium payment within 31 days of the date of termination.

Your rates are based on the class of risk to which you belong and your age at your nearest birthday.

Following receipt of your application, we will write to inform you whether or not your application is approved.

Insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states except New York. In New York, insurance policies are underwritten by Sun Life Insurance and Annuity Company of New York (New York, NY). Product offerings may not be available in all states and may vary depending on state laws and variations.

Sun Life Assurance Company of Canada is a member of the Sun Life Financial group of companies.

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Visit us at www.sunlife-usa.com.



Kansas Bankers Association Insurance, Inc.

Conversion Information Request Form
Accidental Death & Dismemberment Coverage

To Be Completed by Employer

Notice to [] Name of Employee _____ Insured Employee's SS# _____
[] Name of Dependent _____ Insured Employee's Date of Birth _____
Name of Employer _____ City _____
Qualifying Event _____ (employment termination, divorce, death, etc.)
Date of Qualifying Event _____
Coverage Amount in Effect on the Date of the Qualifying Event:
Group Basic AD&D Insurance \$ _____
Group Voluntary AD&D Insurance \$ _____ Single [] Family []
Was the employee or dependent disabled on the date of the qualifying event? [] No [] Yes
If yes - Name of Disability _____ Date of Disability _____
This form was [] mailed [] handed to _____
Signature _____ Date _____

To Be Completed By Terminating Employee/Dependent

Conversion Information Requested for:

Table with 4 columns: Last Name, First Name, M.I., Relationship. Rows include Employee, Spouse of Employee, Child.

Mail Conversion Information to

Name _____ Daytime Phone # _____
Street Address or PO Box Number _____ City _____ State _____ Zip Code _____

IMPORTANT NOTICE: The conversion privilege provided by your group insurance is a very valuable benefit. As you may know, it provides an opportunity to convert coverage to an individual basis without proof of good health after the group insurance terminates. It is important to remember conversion is available for only 31 days following the termination of your group insurance. Mail this form as soon as possible to allow time to receive the conversion information and make application in the 31-day conversion period. This form is not an application for conversion and receipt does not guarantee eligibility to convert your group coverage. In accordance with policy provisions, the amount of coverage converted may be limited. Conversion information will be sent to you directly from Zurich American Insurance Company.

Signature _____ Date _____

MAIL COMPLETED FORM TO:

KBA Insurance, Inc.
PO Box 4407
Topeka, KS 66604-0407
Phone (785) 234-3444