NEW YORK LIFE INSURANCE COMPANY

REQUEST TO CONVERT TO LEVEL TERM TO AGE 100

Under Ontario Medical Association Group Flex-Term Life Insurance Policy G-29700-0

OMA Reference #: _____
(if known)

Section A: Member (Insured) Information

Name (first, middle, last):	Date of Birth (dd/mm/yy):
Address	
Name of Spouse (if requesting conversion)	Date of Birth (dd/mm/yy):

Section B: Beneficiary Designation:

The Beneficiary for your Level to Age 100 coverage is the person last designated by you in writing under the Flex-Term Plan and recorded on behalf of New York Life.

Section C: Conversion Insurance Requested

I Request my Member coverage be converted as follows:

☐ Convert my entire Flex- Term coverage

or

☐ Convert **$**_____ of my Flex- Term coverage under Certificate # _____ to Level To Age100 coverage
Effective _____/_____/_____
(dd/mm/yy).

I Request my Spouse coverage be converted as follows:

☐ Convert my spouse's entire Flex- Term coverage

or

☐ Convert **$**_____ of my spouse's Flex- Term coverage under Certificate #_____ to Level To Age 100 coverage
Effective _____/_____/_____
(dd/mm/yy).

Section D: Declaration and Authorization

I request the conversion of my and/or my spouse's Flex- Term coverage to Level To Age 100 Coverage as indicated above. I understand that my/my spouse's Flex- Term Coverage will be reduced by the amount converted to Level To Age 100 coverage.

The change will be effective on the later of the date requested above or the date the request is received by New York Life, provided premium payment is made when due.

Signed At:	City	Province	Dated on this _____ day of _____, 20__ __.

Signature of Member or Owner (if different than member)

X

Section E: Acknowledgment (to be completed by Administrator)

The Administrator acknowledges that a copy of this instrument has been recorded at its office, on behalf of New York Life Insurance Company, on the date indicated below:

By: _____ Date: _____

(Signature and Title)

GPA-T10toT100 **Print edition date**

Please forward your completed application to:

OMA INSURANCE PO BOX 365, STN Waterloo, Waterloo, ON N2J 4A4

For purposes of the Insurance Companies Act (Canada) this document was issued in the course of New York Life Insurance Company's insurance business in Canada, 2100 Scotia Plaza, 40 King Street West, Toronto, Canada M5H 3C2.