

Clarica SunSpectrum CII Term conversions

A Clarica CII Term or SSP CII Term policy may be converted after the insured person's 20th birthday and up to the policy anniversary following the insured person's 65th birthday. The following chart provides a review of the applicable conversion rules.

CII conversions	Converting to Sun CII T75 or T100			
	Sept. 2, 1997 to Mar. 25, 2001	Mar. 26, 2001 to July 1, 2004	July 2, 2004 to April 27, 2008	April 28, 2008 to Sept. 21, 2012
Original policy is: Clarica or SunSpectrum Term with an application date of...				
Which critical illnesses are not covered?	<ul style="list-style-type: none"> • Aortic surgery • Heart valve replacement • Aplastic Anemia • Bacterial meningitis • Acquired brain injury • Loss of independent existence 	<ul style="list-style-type: none"> • Aortic surgery • Heart valve replacement • Aplastic Anemia • Bacterial meningitis • Acquired brain injury • Loss of independent existence 	<ul style="list-style-type: none"> • Aplastic Anemia • Bacterial meningitis • Acquired brain injury • Loss of independent existence 	<ul style="list-style-type: none"> • Aplastic Anemia • Bacterial meningitis • Acquired brain injury • Loss of independent existence
Is coverage included for: <ul style="list-style-type: none"> • motor neuron disease • Parkinson's disease • Alzheimer's disease 	Yes, 5-yr moratorium	Yes	Yes	Yes
Are Group 2 illnesses covered?	No	No	Yes ¹ - 10%	Yes ² - 10%
Can the Long-term care conversion option (LTCCO) be added without evidence?	No	No	No	No
Will the accumulated ROPD benefits carry over to the new policy?	Yes	Yes	Yes ³	Yes
Can ROPD be added without evidence?	Yes	Yes	Yes	Yes
Can ROPC/E be added without evidence?	Yes	Yes	Yes	Yes
Do ratings and exclusions carry over?	Yes	Yes	Yes	Yes
Can Total disability waiver (TDW) be added without evidence?	No	Only if original policy included Disability waiver	Only if original policy included Disability waiver	Only if original policy included Disability waiver
Can Owner waiver (OW) be added without evidence?	No	No	No	No

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Notes: The information provided above assumes no evidence is being submitted. If evidence is submitted, additional illnesses and benefits may be added to the policy.

- Yes¹ = If a Group 2 illness was paid on the original policy, the face amount being converted is reduced by any partial benefit amount paid and an exclusion is applied for that condition. The partial benefit amount payable on the new plan is capped at \$10,000 per Group 2 illness.
- Yes² = The same as Yes¹ but any partial benefit amount paid doesn't reduce the face amount being converted.
- Yes³ = ROPD carried over is equal to the accumulated amount minus any partial benefit amount paid.

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