

BASIC GROUP CRITICAL ILLNESS INSURANCE ENROLMENT REQUEST FORM

Name of Policyholder	Group Policy Number
Name of Division	Division Number

EMPLOYEE INFORMATION

Last Name	Given Name	Initials	
Gender	Date of Birth (dd-mmm-yyyy)	Province of Residence	Occupation
<input type="radio"/> Male <input type="radio"/> Female			
Date of Employment (dd-mmm-yyyy)	Employment Classification	If "Other", please describe:	
	<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Other		

INSURANCE INFORMATION

Amount of Insurance	Waive the Eligibility Waiting Period	If "Yes", please provide desired effective date (dd-mmm-yyyy).
	<input type="radio"/> Yes <input type="radio"/> No	
Comments		

COMPLETED BY

Note: Enrolment Forms must be completed and received by Industrial Alliance Insurance & Financial Services Inc. within 31 days of eligibility date to avoid the necessity of providing evidence of insurability.

Benefit Administrator Name	Date (dd-mmm-yyyy)
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SEND YOUR COMPLETED FORM TO



SPECIAL
MARKETS
SOLUTIONS

Special Markets Solutions
Industrial Alliance Insurance and Financial Services Inc.
2165 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6

QUESTIONS?

Contact a Client Service Specialist at:
1.800.266.5667 (toll-free)
604.737.3802 (Vancouver)
solutions@ia.ca
Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time