

BASIC GROUP CRITICAL ILLNESS INSURANCE ENROLMENT FORM (EMPLOYEE & DEPENDENT)

POLICY INFORMATION

Name of Policyholder	Group Policy Number	Division Number	Division Name

EMPLOYEE INFORMATION MUST ALWAYS BE COMPLETED

Last Name	Given Name	Initials	Gender	Date of Birth (dd-mmm-yyyy)
			<input type="radio"/> Male <input type="radio"/> Female	
Province of Residence	Occupation			
Date of Employment (dd-mmm-yyyy)	Employment Classification			
Waive the Eligibility Waiting Period?	If "Yes", please provide reason			
<input type="radio"/> Yes <input type="radio"/> No				

DEPENDENT COVERAGE COMPLETE TO OBTAIN COVERAGE FOR DEPENDENTS

	Last Name	First Name	Gender	Date of Birth (dd-mmm-yyyy)	
Spouse			<input type="radio"/> Male <input type="radio"/> Female		Is the Spouse also an Employee under this group policy? <input type="radio"/> Yes <input type="radio"/> No
Child			<input type="radio"/> Male <input type="radio"/> Female		Full-time Student? <input type="radio"/> Yes <input type="radio"/> No
Child			<input type="radio"/> Male <input type="radio"/> Female		Full-time Student? <input type="radio"/> Yes <input type="radio"/> No
Child			<input type="radio"/> Male <input type="radio"/> Female		Full-time Student? <input type="radio"/> Yes <input type="radio"/> No
Child			<input type="radio"/> Male <input type="radio"/> Female		Full-time Student? <input type="radio"/> Yes <input type="radio"/> No

Note: If Child is over 20 years of age and not a Full-Time Student, attach a separate sheet providing details of eligibility.

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)

SEND YOUR COMPLETED FORM TO



**SPECIAL
MARKETS
SOLUTIONS**

Special Markets Solutions
Industrial Alliance Insurance and Financial Services Inc.
400-988 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