

# REQUEST TO ADD A CHILD TO YOUR EXISTING PLAN Please complete, print and sign

**This form must be received within 180 days following your child becoming eligible for coverage under your group policy.  
If 180 days has passed, you must complete a Supplemental Questionnaire for Dependent Child Insurance.**

## POLICY INFORMATION

Group Policy Number	iA Reference Number
100011627	

## MEMBER INFORMATION MUST ALWAYS BE COMPLETED

Last Name	Given Name	Initials	Service Number
Street Address	City	Prov.	Postal Code
Telephone (Home)	Telephone ( <input type="radio"/> Work <input type="radio"/> Cell )	Email	

## DEPENDENT CHILD INFORMATION

Last Name	Given Name	Initials	Gender	Date of Birth (dd-mmm-yyyy)
			<input type="radio"/> Male <input type="radio"/> Female	

If the child you are adding is NOT a newborn, please add the date he/she became eligible (dd-mmm-yyyy):

Please select one which best represents your Dependent Child:

- Child**  
Dependent who is over 14 days of age and under 21 years of age, unmarried and receives full parental support and maintenance.
- Full-Time Post Secondary Student**  
Dependent who is 21 years of age or over but under 25 years of age, unmarried and receives full parental support and maintenance for reason of full-time attendance at a recognized school, college or university.

Name of Education Institution

**X**

<b>Member Signature</b> (must always sign)	Date (dd-mmm-yyyy)
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## SEND YOUR COMPLETED FORM TO



**Special Markets Solutions**  
Industrial Alliance Insurance and Financial Services Inc.  
2165 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6  
Or fax to 1.888.553.5433 (toll-free)

## QUESTIONS?

Contact a Client Service Specialist at:  
**1.855.747.4717** (toll-free)  
**sisipci@ia.ca**  
Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time