

# 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 (  Work  Cell )      Email  
\_\_\_\_\_

## DEPENDENT CHILD INFORMATION

Last Name      Given Name      Initials      Gender      Date of Birth (dd-mmm-yyyy)  
\_\_\_\_\_  
 Male  
 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 \_\_\_\_\_

**Member Signature**  
(must always sign)

Date (dd-mmm-yyyy)

## SEND YOUR COMPLETED FORM TO

### iA Special Markets

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:

**1.855.747.4717** (toll-free)

**sisipci@ia.ca**

Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time