

TERMINATION REQUEST FORM

Specified coverage will terminate as per the terms of the group policy.

POLICY INFORMATION

Group Policy Number	iA Reference Number
100011627	

MEMBER INFORMATION

Last Name	Given Name	Initials	Service Number

YOUR CURRENT MAILING ADDRESS REQUIRED FOR TERMINATION CONFIRMATION AND REFUND OF PREMIUMS, IF APPLICABLE

Street Address	City	Prov.	Postal Code
Telephone (Home)	Telephone (○ Work ○ Cell)	Email	

TERMINATION SPECIFICATIONS

Option 1

Terminate all coverage under the above-mentioned group policy

Option 2

If you do not wish to terminate all coverage under the group policy, select below which benefit(s) you would like terminated:

Member

All Member benefits

Spouse

All Spouse benefits

Dependent Children*

All dependent benefits

Other (please specify)

* Note if you are terminating the dependent coverage for only some of your dependent children, please specify their names listed on a separate piece of paper attached to this form, otherwise the termination will apply to all dependent children covered under the benefit.

Please provide the reason for terminating your coverage.

Reasons for Termination: Spouse is no longer eligible for coverage as of _____ (dd-mmm-yyyy)
 Service needs improvement No Longer need coverage Product does not meet my needs Cost Other

Tell us more: _____

AUTHORIZATION FORM MUST BE SIGNED IN INK

A copy of this signed authorization shall be as valid as the original.

X		X	
Member Signature (must always sign)	Date (dd-mmm-yyyy)	Spouse Signature (if applicable)	Date (dd-mmm-yyyy)

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
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