RESET FORM PRINT FORM

iA Financial Group

BCTF

GROUP POLICY NO. **000000474**

Underwritten by:
Industrial Alliance Insurance and Financial Services Inc.
400–988 Broadway W PO Box 5900, Vancouver, BC V6B 5H6

FOR OFFICE USE ONLY

REQUEST FOR CONTINUATION OF INSURANCE
(FROM PAYROLL DEDUCTION TO DIRECT BILLING)

Please complete, print and sign

MEMBER INFORMATION MUST ALWAYS BE COMPLETED

Last Name | Given Name | Initials | Gender | Date of Birth (dd-mmm-yyyy)

○ Male ○ Female

School District | Member/Employee ID

Street Address | City | Prov. | Postal Code

Prov. --

Telephone (Home) | Telephone (○ Work ○ Cell) | Email

SPOUSE INFORMATION COMPLETE IF INSURANCE WILL ALSO BE CONTINUED

Last Name | Given Name | Initials | Gender | Date of Birth (dd-mmm-yyyy)

○ Male ○ Female

REASON FOR BILLING CHANGE

○ Retirement ○ Leave ○ Prefer to pay direct ○ Other _____

CONFIRMATION OF BENEFITS INDICATE THE BENEFITS YOU WOULD LIKE TO CONTINUE

Member Term Life
- ○ No change
- ○ Decrease to _____
- ○ Terminate

Spousal Term Life
- ○ No change
- ○ Decrease to _____
- ○ Terminate

AD&D
- ○ No change
- ○ Decrease to _____
- ○ Terminate

Dependent Life
- ○ No change
- ○ Decrease to _____
- ○ Terminate

PAYMENT INFORMATION PLEASE CHOOSE YOUR PAYMENT OPTION BELOW

○ **Monthly Pre-Authorized Debit (PAD)**
I have completed the attached Pre-Authorized Debit (PAD) Agreement form authorizing Industrial Alliance Insurance and Financial Services Inc. (the "Company") to withdraw the required premium (plus applicable taxes) from my account.

○ **Bill me**
Send me a Premium Statement.

For members who were previously paying on a 10-month cycle, your rates will be changed to 12 equal payments.

Current 12-month rates can be found online at solutionsinsurance.com/bctf

RESET FORM PRINT FORM

MEMBER DECLARATION AND AUTHORIZATION FORM MUST BE SIGNED IN INK

I hereby request, that my and my spouse's (if applicable) Voluntary Group Insurance Benefits provided by Industrial Alliance Insurance and Financial Services Inc. under Policy No. 000000474 be continued on a direct billing basis. I understand that this coverage will terminate at the December 31 coincident with or following attainment of age 85. All rights with respect to the benefits of an insured will be governed solely by the Master Group Policy No. 000000474 issued by Industrial Alliance Insurance and Financial Services Inc. to the British Columbia Teachers' Federation.

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

SCHOOL DISTRICT DECLARATION MUST BE COMPLETED BY AUTHORIZED SCHOOL DISTRICT REPRESENTATIVE

We declare that the above named Member is eligible to continue their and/or their spouse's coverage as requested.

Date of last remitted premium was (dd-mmm-yyyy)	Effective date of transfer*

* **Please note**, for BCTF Members who are employed at your school district until June 30 and have their premiums deducted on a 10-month basis, please ensure that the July premium is collected in order for the employee to have coverage for August and September. The effective date of these transfers will be October 1.

	X	
Authorized School District Representative (please print)	**Signature of Authorized School District Representative** (must always sign)	Date (dd-mmm-yyyy)

RESET FORM PRINT FORM

iA Financial Group BCTF

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Please complete, print and sign.

POLICY INFORMATION

Name of Policyholder

Group Policy Number

MEMBER/EMPLOYEE INFORMATION

Last Name | Given Name | Initials

CHEQUE/ACCOUNT DETAILS FOR MONTHLY PRE-AUTHORIZED DEBITS

PLEASE ATTACH A PERSONALIZED 'VOID' CHEQUE OR COMPLETE THE INFORMATION BELOW.
IF YOU DON'T HAVE A CHEQUE, YOU CAN REQUEST A DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION.

Name(s) of Account Holder(s) as shown on Financial Institution records

Street Address of Account Holder(s) | City | Prov. | Postal Code

Name of Financial Institution

Street Address of Branch | City | Prov. | Postal Code

PAD CATEGORY

IF THIS IS NOT FILLED IN,
THE PAD WILL BE TREATED AS PERSONAL

○ Personal Expense ○ Business Expense

Withdrawal Arrangement

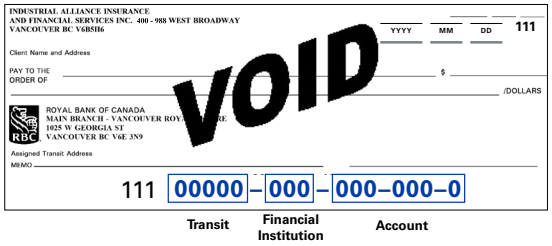
○ Fixed ✓ Variable

Transit Number (See sample ➔)

Financial Institution Number (See sample ➔)

Account Number (See sample ➔)

Sample ➥



Recourse

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.

AUTHORIZATION FORM MUST BE SIGNED IN INK

I/we, as the Account Holder(s), authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") and the financial institution named above or as indicated on the attached 'VOID' cheque, to withdraw variable monthly payments from my/our account, at the branch indicated, for the purpose of collecting premiums and any applicable sales tax for insurance under this policy.

The PAD amount will be debited from the account indicated above on the 1st day of each month or the next business day. I/we agree to notify the Company in writing, if there is any change to the banking information set out above.

I/we waive the right to receive pre-notification of the amount to be debited each month and the date of such debit. However, the Company will provide written notice of the amount of the first PAD at least three (3) calendar days before the first PAD is debited.

I/we may cancel this PAD Agreement at any time, subject to providing notice to the Company at the address provided below. This notification must be received at least ten (10) business days before the next debit is scheduled. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca.

I/we understand that cancellation of this PAD Agreement will not have any effect on the insurance provided under this policy, provided that payment is received when due and is made in accordance with the terms of this policy.

This PAD Agreement only applies to the method of payment. I/we understand that completing this PAD Agreement does not mean that the application for insurance coverage has been approved.

X

Member/Employee Signature
(must always sign)

Date (dd-mmm-yyyy)

X

Signature of all other Account Holder(s)
(if a required signatory to this account)

Date (dd-mmm-yyyy)

FORM 4425 PDF (AUG/2018)

RESET FORM PRINT FORM

iA Financial Group BCTF

NOTICE ON PRIVACY & CONFIDENTIALITY PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. (the "Company") employees, its reinsurers, third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries for the purposes of (a) sponsoring a plan for you, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). **Your file will be kept in our offices.**

You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at: 400–988 West Broadway. P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, Special Markets Solutions. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found online at ia.ca or alternatively, contact us at 1.800.266.5667 and request that a copy be mailed to you.

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