

# REQUEST TO ADD A CHILD TO YOUR EXISTING PLAN

Please complete, print and sign

**This form must be received within 90 days following your child becoming eligible for coverage under your group policy.  
 If 90 days has passed, you must complete a Supplemental Questionnaire for Dependent Child Insurance.**

## POLICY INFORMATION

Name of Policyholder	Group Policy Number	Member/Employee ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

## MEMBER/EMPLOYEE INFORMATION MUST ALWAYS BE COMPLETED

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

## DEPENDENT CHILD INFORMATION

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

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.
- Special Needs**  
 A mentally and/or physically disabled child may remain covered past 21 years provided he or she is incapable of self sustaining employment and receives full parental support and maintenance from the member/employee.

- 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

**If your child is over 20 years of age and not a full-time student please provide details for continued eligibility.**

X

**Member/Employee Signature**  
 (must always sign)

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

## 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