



NAME AND/OR ADDRESS CHANGE FORM

MEMBER/EMPLOYEE INFORMATION

Name of Policyholder	Group Policy Number	Division Number	Member/Employee ID
Last Name	Given Name	Initials	Date of Birth (dd-mmm-yyyy)

NAME CHANGE COMPLETE IF YOU ARE REQUESTING A NAME CHANGE

Who is this change for? **Reason for Change?** If you selected "Other", please specify

Member/Employee Spouse Marriage Correction Other (specify)

Previous Name (as it appears on the most current Group Insurance Certificate)

Last Name	Given Name	Initials	Previous Signature
-----------	------------	----------	--------------------

New Name

Last Name	Given Name	Initials	New Signature
-----------	------------	----------	---------------

CONTACT INFORMATION CHANGE FOR NEW ADDRESS, TELEPHONE OR EMAIL

Previous Contact Information

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

New Contact Information

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

Additional Information

X		X	
Member/Employee Signature (must always sign)	Date (dd-mmm-yyyy)	Spouse Signature (if changing name)	Date (dd-mmm-yyyy)

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:
1.800.266.5667 (toll free)
604.737.3802 (Vancouver)
solutions@ia.ca
 Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time