

GROUP INSURANCE CHANGE REQUEST FORM

Please complete, print and sign.

POLICY INFORMATION

Name of Policyholder	Group Policy Number
Name of Division	Division Number

MEMBER/EMPLOYEE INFORMATION MUST ALWAYS BE COMPLETED

Last Name	Given Name	Initials	Member/Employee ID
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CHANGE REQUEST PLEASE CHECK ALL THAT APPLY

- Name Change: Last Name _____ Given Name _____ Initials _____
- Termination: Date last worked (dd-mmm-yyyy) _____
- Reinstatement: Rehire date (dd-mmm-yyyy) _____
- Division Transfer: Transfer date (dd-mmm-yyyy) _____ New division name _____ New division number _____
- Leave of Absence: Type of leave _____ Date of leave (dd-mmm-yyyy) _____ Expected date of return (dd-mmm-yyyy) _____
- Return to work following Leave of Absence: Date of return (dd-mmm-yyyy) _____
- Employee Classification Change: _____
- Other: _____

COMPLETED BY

Benefit Administrator Name	Date (dd-mmm-yyyy)
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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