



Underwritten by:
Industrial Alliance Insurance & Financial Services Inc.
2165 Broadway W PO Box 5900, Vancouver, BC V6B 5H6

RESET FORM

PRINT FORM

FOR OFFICE USE ONLY

BASIC GROUP CRITICAL ILLNESS INSURANCE ENROLMENT FORM (EMPLOYEE & DEPENDENT)

POLICY INFORMATION

Name of Policyholder	Group Policy Number	Division Number	Division Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE INFORMATION MUST ALWAYS BE COMPLETED

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"/>
Province of Residence	Occupation			
<input type="text"/>	<input type="text"/>			
Date of Employment (dd-mmm-yyyy)	Employment Classification			
<input type="text"/>	<input type="text"/>			
Waive the Eligibility Waiting Period?	If "Yes", please provide reason			
<input type="radio"/> Yes <input type="radio"/> No	<input type="text"/>			

DEPENDENT COVERAGE COMPLETE TO OBTAIN COVERAGE FOR DEPENDENTS

	Last Name	First Name	Gender	Date of Birth (dd-mmm-yyyy)	
Spouse	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	Is the Spouse also an Employee under this group policy? <input type="radio"/> Yes <input type="radio"/> No
Child	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	Full-time Student? <input type="radio"/> Yes <input type="radio"/> No
Child	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	Full-time Student? <input type="radio"/> Yes <input type="radio"/> No
Child	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	Full-time Student? <input type="radio"/> Yes <input type="radio"/> No
Child	<input type="text"/>	<input type="text"/>	<input type="radio"/> Male <input type="radio"/> Female	<input type="text"/>	Full-time Student? <input type="radio"/> Yes <input type="radio"/> No

Note: If Child is over 20 years of age and not a Full-Time Student, attach a separate sheet providing details of eligibility.

COMPLETED BY

Note: Enrolment Forms must be completed and received by Industrial Alliance Insurance & Financial Services Inc. within 31 days of eligibility date to avoid the necessity of providing evidence of insurability.

Benefit Administrator Name	Date (dd-mmm-yyyy)
<input type="text"/>	<input type="text"/>

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