

# BASIC GROUP CRITICAL ILLNESS INSURANCE ENROLMENT REQUEST FORM

Name of Policyholder	Group Policy Number
Name of Division	Division Number

## EMPLOYEE INFORMATION

Last Name	Given Name	Initials	
Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (dd-mmm-yyyy)	Province of Residence	Occupation
Date of Employment (dd-mmm-yyyy)	Employment Classification <input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Other	If "Other", please describe:	

## INSURANCE INFORMATION

Amount of Insurance	Waive the Eligibility Waiting Period <input type="radio"/> Yes <input type="radio"/> No	If "Yes", please provide desired effective date (dd-mmm-yyyy).
Comments		

## 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)
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## 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