RESET FORM PRINT FORM

iA Financial Group | SPECIAL MARKETS SOLUTIONS

Send Completed Form to:
Special Markets Solutions
Industrial Alliance Insurance and Financial Services Inc.
400–988 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6

TERMINATION REQUEST FORM

Specified coverage will terminate as per the terms of the group policy.

Name of Group/Policyholder | Group Policy Number | Division Number | Member/Employee ID

MEMBER/EMPLOYEE INFORMATION

Last Name | Given Name | Date of Birth

YOUR CURRENT MAILING ADDRESS REQUIRED FOR TERMINATION CONFIRMATION AND REFUND OF PREMIUMS, IF APPLICABLE

Street Address | City | Prov. -- | Postal Code

Telephone (Home) | Telephone (○ Work ○ Cell) | Email

TERMINATION SPECIFICATIONS

Option 1

○ Terminate all coverage under the above-mentioned group policy

Option 2

If you do not wish to terminate all coverage under the group policy, select below which benefit(s) you would like terminated:

Member/Employee	Spouse	Dependent Children*
○ All member/employee benefits; or	○ All spouse benefits; or	○ All dependent benefits; or
Select the applicable benefits	*Select the applicable benefits*	*Select the applicable benefits*
○ Term Life	○ Term Life	○ Term Life
○ Critical Illness	○ Critical Illness	○ Critical Illness
○ Accidental Death & Dismemberment	○ Accidental Death & Dismemberment	○ Other (please specify)
○ Other (please specify)	○ Other (please specify)	

** Note if you are terminating the dependent coverage for only some of your dependent children, please specify their names listed on a separate piece of paper attached to this form, otherwise the termination will apply to all dependent children covered under the benefit.*

Please provide the reason for terminating your coverage.

Reasons for Termination: ○ No longer eligible for coverage as of _____ (dd-mmm-yyyy)
○ Service needs improvement ○ No Longer need coverage ○ Product does not meet my needs ○ Cost ○ Other

Tell us more:

AUTHORIZATION FORM MUST BE SIGNED IN INK

A copy of this signed authorization shall be as valid as the original.

X _____ Date (dd-mmm-yyyy) _____
Member/Employee Signature (must always sign)

X _____ Date (dd-mmm-yyyy) _____
Spouse Signature (if applicable)

SEND YOUR COMPLETED FORM TO

SPECIAL MARKETS SOLUTIONS

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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