

Please print in ink and sign.

For full information regarding the insurance products offered, including limitations and exclusions, please refer to your group insurance booklet which can be found in My Client Space ([ia.ca/myaccount](http://ia.ca/myaccount)) or contact us at 1-866-585-8843.

Optional critical illness insurance: we recommend that you download or print the guide ([ia.ca/QPAT/ocii\\_guide.pdf](http://ia.ca/QPAT/ocii_guide.pdf)) and keep it in your files for future reference.

### 1. Your personal information

Group policy no.:  97000  97001 \_\_\_\_\_ Certificate no. \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_

Date of birth 

Y	M	D

 Gender:  M  F Language:  English  French

Email \_\_\_\_\_ Tel. 

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### 2. Coverage options

#### Optional critical illness insurance

For **myself**, I request a total amount of: \$  Minimum amount of \$25,000  
 Maximum amount of \$500,000  
 Units of \$25,000  
 Non-evidence amount of \$50,000<sup>1</sup>

For **my spouse**, I request: \$

For **each of my dependent children under the age of 21**, I request:  \$5,000<sup>2</sup>  \$10,000<sup>2</sup>

#### Smoker/non-smoker status (if you do not answer the questions below, you and your spouse will be considered smokers.)

**Plan member:** In the last 12 months, have you used tobacco in any form whatsoever, nicotine products (gum, patches, etc.) or marijuana?  Yes  No

**Spouse:** In the last 12 months, has your spouse used tobacco in any form whatsoever, nicotine products (gum, patches, etc.) or marijuana?  Yes  No

#### Basic life insurance

For **myself**, I request a total amount of life insurance of: \$  Minimum amount of \$25,000  
 Maximum amount of \$150,000  
 Units of \$25,000  
 Non-evidence amount of \$50,000<sup>1</sup>

For **my spouse**, I request:  \$10,000<sup>1</sup>

For **each of my dependent children under the age of 21**, I request:  \$5,000<sup>1</sup>

<sup>1</sup> No evidence of insurability is required as long as the application is submitted by February 29, 2024. If the amount selected exceeds the non-evidence amount, fill and submit the *Evidence of insurability* form available at [ia.ca/QPAT/Evidence](http://ia.ca/QPAT/Evidence).

<sup>2</sup> Evidence of insurability required, fill and submit the *Evidence of insurability* form available at [ia.ca/QPAT/Evidence](http://ia.ca/QPAT/Evidence).

### 3. Your spouse and dependent children's information

If you elected a coverage amount for your spouse, specify their information:

Last name \_\_\_\_\_ First name \_\_\_\_\_

Date of birth 

Y	M	D

 Gender:  M  F

Marital status:  Married/civil union  Common-law spouse<sup>3</sup> for at least 1 year – Cohabitation began on 

Y	M	D

If you elected a coverage amount for your dependent children, specify their information:

Last name	First name	Gender	Date of birth		
		<input type="checkbox"/> M <input type="checkbox"/> F	Y	M	D
		<input type="checkbox"/> M <input type="checkbox"/> F	Y	M	D
		<input type="checkbox"/> M <input type="checkbox"/> F	Y	M	D

<sup>3</sup> Common-law spouse for less than one year ineligible.

**5. Appointment of beneficiary (If you do not designate a beneficiary, the benefit will be paid to the estate.)**

If you name multiple beneficiaries, the total allocation must be equal to or less than 100%. If less than 100%, the difference will be payable to the estate. Please do not indicate dollar amounts.

Last name	First name	Relationship	Date of birth			%
			Y	M	D	

**IMPORTANT: For Quebec residents only – to be completed if you appointed your spouse (marriage or civil union) as a beneficiary.**

In Quebec, the appointment of a spouse, excluding a common-law spouse, as a beneficiary is irrevocable\* unless you check the following box:

Revocable beneficiary

\* To change the appointment of an irrevocable beneficiary, their written consent will be required.

**7. Applicant’s confirmation and authorization**

I **HEREBY APPLY** for the benefits indicated on this form and **CONFIRM** that the information contained in this form is true and complete.

If applying for benefits for my spouse and my dependent children, I **CONFIRM** that I am authorized to disclose information concerning them for the purpose of determining their eligibility for coverages.

On behalf of myself, my spouse and my dependent children, I **CONSENT** to the release of the information contained in this form to Industrial Alliance Insurance and Financial Services Inc. (“iA Financial Group”), its employees, agents, reinsurers and service providers for the purposes of application, administration, claims processing and approval of my application as well as my spouse and my dependent children’s. In addition, I **UNDERSTAND** that personal information may be subject to disclosure to those authorized under the applicable laws within or outside of Canada.

I **AGREE** that a photocopy, fax or electronic version of this Confirmation and Authorization shall be as valid as the original and I **ACKNOWLEDGE** that I have in my possession the original version, or a photocopy, fax or electronic version of this same form.

Plan member signature \_\_\_\_\_ Date 

Y	M	D

**9. Contact Information**

**Toll-free:** 1-866-585-8843  
**Fax:** 1-888-780-2376  
**Email:** groupinsurance@ia.ca

**Mail:** Administration  
PO Box 790, Station B  
Montreal, Quebec H3B 3K6

**Disclosure**

At Industrial Alliance Insurance and Financial Services Inc. (“iA Financial Group”), the personal information we collect concerning you, your spouse and your dependent children is kept in strict confidence and is only used for the purposes you have authorized.

Your personal file will be kept at iA Financial Group’s offices.

You have the right to request access to your personal information and, if necessary, correct any inaccurate information. To do so, send a written request to: Information Access Officer, iA Financial Group, 1080 Grande Allée West, PO Box 1907, Station Terminus, Quebec City, QC G1K 7M3.

Access to your personal information will be limited to employees, agents, reinsurers and service providers of iA Financial Group in the performance of their duties, individuals to whom you have granted access, and persons authorized by law.

For the purposes of audits and administrative reporting, iA Financial Group may release to your Employer/Policyholder statistical financial information without personal identifiers.

**INVESTED IN YOU.**