

GROUP CRITICAL ILLNESS CONVERSION APPLICATION

Act within the 31 day deadline to avoid interruption in coverage

As an insured with iA Special Markets, you will be pleased to know that if you and/or your spouse are no longer eligible for your group critical illness insurance benefit through your employer plan, you can convert your coverage to a separate group plan, also administered by iA Special Markets. Plus, when you convert your coverage, there is no need to provide any evidence of health and there are no medical exams! **Your application for conversion must be received within 31 days of your coverage terminating under the Employer Group Critical Illness Insurance Plan.**

WHAT DOES CRITICAL ILLNESS INSURANCE DO FOR YOU?

Critical illness insurance pays a lump-sum benefit directly to you upon diagnosis of a covered condition. The benefit payment is tax-free, and you can spend it any way you wish. Common uses include paying off debts, home adaptation, childcare, investment, vacation, supplementing your pension, or lifestyle changes.

PAYMENT IS NOT DEPENDENT ON YOUR ABILITY TO WORK OR YOUR RECOVERY

Unlike long term disability insurance, you will receive your critical illness insurance benefit payment regardless of whether you are able to work while you are ill, or whether or not you make a full recovery.

WHAT DOES THE PLAN COVER?

This plan covers the same 25 critical illnesses that your Employer Group Critical Illness Plan covers, including the top 3; Heart Attack, Cancer (Life-Threatening), and Stroke.

Here is a list of the covered conditions:

Aortic Surgery	Coronary Artery Bypass Surgery	Loss of Limbs	Occupational HIV Infection
Aplastic Anemia	Deafness	Loss of Speech	Paralysis
Bacterial Meningitis	Dementia including Alzheimer's Disease	Major Organ Failure on Waiting List	Parkinson's Disease and Specified Atypical Parkinsonian Disorders
Benign Brain Tumour	Heart Attack	Major Organ Transplant	Severe Burns
Blindness	Heart Valve Replacement or Repair	Motor Neuron Disease	Stroke
Cancer (Life-Threatening)	Kidney Failure	Multiple Sclerosis	
Coma	Loss of Independent Existence		

* For complete definitions of the above covered conditions, visit our website at specialmarkets.ia.ca/critical-illness-definitions. You should also note that, as medical advances and treatment of critical illnesses evolve, the contract definitions may change.

YOU ARE ALSO COVERED FOR SEVERAL NON LIFE-THREATENING CONDITIONS

The AdvanceCare Benefit will pay 10% of the total benefit amount for coronary angioplasty and several early stage cancers. The benefit is payable for only one AdvanceCare Benefit condition, however, payment of the AdvanceCare Benefit will not affect the benefit payment for a subsequent diagnosis of one of the 25 covered conditions.

FREQUENTLY ASKED QUESTIONS

Is there a conversion deadline?	Yes. Your application for conversion must be received within 31 days of the applicant's coverage terminating under the Employer Group Critical Illness Insurance Plan.
Who is eligible to convert?	<p>Employees and spouses who are insured under the Employer Group Critical Illness Insurance Plan are eligible to apply provided they meet the eligibility criteria listed below.</p> <p>Eligibility Criteria:</p> <ul style="list-style-type: none"> • Applicant(s) must no longer be eligible for the critical illness insurance coverage under the Employer Group Critical Illness Insurance Plan • Conversion applicant(s) must be under age 65 at time of application • Conversion applicant(s) must be residing in Canada at time of application • Conversion application must be received within 31 days of the termination date of the applicant's coverage under the Employer Group Critical Illness Insurance Plan • Conversion applicants must NOT have received any benefit payment for a covered condition or AdvanceCare under the Employer Group Critical Illness Insurance Plan. <p>Dependent children are NOT eligible to convert their coverage.</p>
Is there a money back guarantee?	You will have 60 days from the effective date of coverage to ensure your coverage meets your needs. If we receive your request to terminate coverage within 60 days from the effective date of the converted coverage, we will reimburse any premium paid.
How much coverage can I convert?	Coverage is available in units of \$5,000 to a maximum of \$100,000 but cannot exceed your existing coverage amount under the Employer Group Critical Illness Insurance Plan.
When will the converted coverage take effect?	The converted coverage will become effective the day immediately following the termination date of the critical illness coverage under the Employer Group Critical Illness Insurance Plan.

How will I know my coverage has been approved under the converted plan?	Each approved applicant will receive a new Group Insurance Certificate, an Insurance Benefits Summary and if applicable, a Premium Statement with payment options.
When does the coverage under the converted plan terminate?	December 31st coincident with or following the insured's 75th birthday Upon payment of a covered condition Upon non-payment of premiums
Are there any limitations and exclusion under the converted policy?	Any exclusion(s) under your existing Employer Group Critical Illness Insurance Plan coverage will be transferred to the Converted Critical Illness Insurance Plan. This may include any pre-existing medical condition exclusion timeframe if your coverage under the Employer Group Critical Illness Insurance Plan has been in effect for less than 2 consecutive years. If coverage under the existing Employer Group Critical Illness Insurance Plan has been in force for less than 90 days, limitations on Cancer and Benign Brain Tumour will apply.
Can I receive a claim payout for more than one covered condition?	Claim payout is limited to one covered condition only.
How are premiums calculated?	Premiums for the Converted Group Critical Illness coverage will be based on the applicant's attained age at January 1st, and the applicant's gender and smoking status at time of conversion.
How do I pay premiums?	The first month's premium must be submitted together with the Application for Conversion of Critical Illness Insurance. There are 4 options for payment of subsequent premiums: <ul style="list-style-type: none"> • Monthly credit card (Visa or MasterCard) • Monthly Pre-Authorized Debit • Annual credit card payment (Visa or MasterCard) • Annual payment by cheque It is important to note that if an employee applies for conversion of their critical illness benefit, as well as a spouse, the premiums for the employee and the spouse will be charged separately. There is opportunity to select different payment options for each applicant.
Will my premiums stay the same?	Premiums are grouped into 5 year age bands and are calculated based on your age at January 1st. Premiums will increase each January 1st that you enter a higher age band.
Can I change my coverage amount?	Once your coverage under the converted policy is approved, the amount of insurance cannot be increased. You may request to decrease your coverage by units of \$5,000 to a minimum amount of \$5,000.
What happens if I miss a payment?	There is a 31 day grace period for payment of premiums. If payment is not received within the 31 day grace period, coverage under the Converted Critical Illness Insurance Plan will terminate and cannot be reinstated. Therefore, it is important to ensure your premiums are paid as they become due.

GROUP CRITICAL ILLNESS CONVERSION INFORMATION

ELIGIBILITY

In order to convert their Employer Group Critical Illness (Group CI) Insurance Plan coverage, applicants must meet the following criteria:

- Must no longer be eligible under the Employer's Group CI Insurance Plan
- Must be under age 65 and residing in Canada at the time of application for conversion
- Conversion request must be received within 31 days of the termination date of the existing Group CI coverage
- Must not have received an AdvanceCare or covered condition benefit payment

INSTRUCTIONS FOR COMPLETION

In order to apply for conversion, we require the following pages of the Application for Conversion of Group Critical Illness Insurance form to be completed:

- The employer must **always** complete page 4
- If the employee is requesting conversion, page 5 must also be completed
- If a spouse is requesting conversion, page 6 must also be completed
- If both the employee and spouse are requesting conversion, all pages must be completed

PREMIUM RATES

Monthly Premium per \$5,000				
Attained age at January 1 st *	Male		Female	
	Non-Smoker**	Smoker	Non-Smoker**	Smoker
Under 25	\$0.57	\$0.67	\$0.54	\$0.60
25 - 29	\$0.69	\$0.88	\$0.75	\$0.88
30 - 34	\$0.87	\$1.25	\$1.11	\$1.35
35 - 39	\$1.21	\$1.93	\$1.66	\$2.13
40 - 44	\$1.83	\$3.24	\$2.48	\$3.37
45 - 49	\$2.91	\$5.47	\$3.65	\$5.27
50 - 54	\$4.83	\$9.08	\$5.28	\$7.98
55 - 59	\$8.00	\$14.61	\$7.45	\$11.79
60 - 64	\$13.22	\$22.60	\$10.96	\$17.57
65 - 69 [†]	\$21.21	\$35.32	\$16.87	\$26.66
70 - 74 [†]	\$35.70	\$56.82	\$23.97	\$38.57

* Premiums are calculated each year, based on your age at January 1st, and will increase as you reach a higher age band

** Non-smoker rates apply to individuals who, at the time of application, have not used tobacco, nicotine, or cannabis mixed with tobacco in any form whatsoever within the last 12 months and who have provided satisfactory evidence of insurability

† The oldest age at which you can apply is 64. The premiums for ages 65 to 74 are for renewal purposes only
 Premiums may change on any policy anniversary in accordance with the terms of the Master Group Policy No. 1000009942
 Coverage under the plan terminates at the end of policy year that you reach age 75

PLEASE SEND YOUR COMPLETED FORM TO:

iA Special Markets

Industrial Alliance Insurance and Financial Services Inc.
 400-988 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6

APPLICATION FOR CONVERSION OF GROUP CRITICAL ILLNESS INSURANCE – EMPLOYER AUTHORIZATION

This request must be received within 31 days of termination of coverage under the Employer Group Critical Illness Insurance (Group CI) Plan.

Please complete, print and sign in ink

GROUP POLICY INFORMATION

Name of Policyholder		Group Policy No.	
Name of Division/Employer		Division No.	Member/Employee ID

EMPLOYEE INFORMATION

Last Name	Given Name	Initials	Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (dd-mmm-yyyy)
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Employee Information (complete if the employee is requesting conversion)

Effective Date of Employee's Group CI Coverage (dd-mmm-yyyy)	Total Amount of Employee Group CI coverage immediately prior to termination	Reason for Termination	Last Date of Employment (dd-mmm-yyyy)
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Spouse Information if applicable (complete if the spouse is requesting conversion)

Effective Date of Spouse's Group CI Coverage (dd-mmm-yyyy)	Total Amount of Spouse's Group CI coverage immediately prior to termination	Reason for Termination	Date Terminated from Plan (dd-mmm-yyyy)
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EMPLOYER AUTHORIZATION

On behalf of the **employer**, I certify that all the following conditions for conversion have been satisfied:

- The **employee and/or spouse of the employee** has terminated employment or is ineligible for coverage under the Employer Group Critical Illness Insurance Plan.
- The **employee and/or spouse of the employee** has applied for conversion within 31 days of the termination date of coverage under the Employer Group Critical Illness Insurance Plan.

Authorized Signatory Name	Title
X Signature of Authorized Signatory	Date (dd-mmm-yyyy)
Telephone	Email

APPLICATION FOR CONVERSION OF GROUP CRITICAL ILLNESS INSURANCE – EMPLOYEE

This request must be received within 31 days of termination of coverage under the Employer Group Critical Illness Insurance (Group CI) Plan.

Please complete, print and sign in ink

GROUP POLICY INFORMATION

Name of Policyholder	Group Policy No.	
<input type="text"/>	<input type="text"/>	
Name of Division/Employer	Division No.	Member/Employee ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYEE INFORMATION

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"/>
Street Address	City	Prov.	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone (Home)	Telephone (<input type="radio"/> Work <input type="radio"/> Cell)	Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Date employment terminated (dd-mmm-yyyy)	Reason for termination of coverage			
<input type="text"/>	<input type="text"/>			

AMOUNT OF INSURANCE APPLYING FOR

Existing Basic CI Coverage	Existing Voluntary CI Coverage	Total Amount of Group CI Coverage to Be Converted (units of \$5,000 to maximum of \$100,000)
\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

In the last 12 months, have you used, in any form whatsoever, tobacco, nicotine or cannabis mixed with tobacco?
If "Yes", indicate product used and provide details below.

Yes No

Details, if you require more space, please attach a separate sheet of paper, signed and dated.

EMPLOYEE AUTHORIZATION TO BE COMPLETED BY THE EMPLOYEE

I certify that the following conditions for conversion have been satisfied:

- I am under age 65 and a resident of Canada
- I am applying for conversion within 31 days of the termination date of my existing Employer Group Critical Illness Insurance coverage.
- I have not received an AdvanceCare or covered condition benefit payment under the existing group policy.
- I understand that if my existing Employer Group Critical Illness Insurance coverage has been issued subject to any exclusion, the exclusion will apply to the converted group policy.
- I understand that all premiums for my Converted Group Critical Illness Insurance coverage are to be based on my age (attained age at January 1st), gender and smoking status at the time of conversion.
- I further acknowledge receipt of the Notice on Privacy and Confidentiality (attached) summarizing certain privacy practices regarding collection, use and disclosure of my personal information.

X

Employee Signature (must always sign)

Date (dd-mmm-yyyy)

APPLICATION FOR CONVERSION OF GROUP CRITICAL ILLNESS INSURANCE – SPOUSE

Please complete, print and sign in ink

This request must be received within 31 days of termination of coverage under the Employer Group Critical Illness Insurance (Group CI) Plan.

GROUP POLICY INFORMATION

Name of Policyholder	Group Policy No.	
Name of Division/Employer	Division No.	Member/Employee ID

EMPLOYEE INFORMATION

Last Name	Given Name	Initials	Gender	Date of Birth (dd-mmm-yyyy)
			<input type="radio"/> Male <input type="radio"/> Female	

SPOUSE INFORMATION

Last Name	Given Name	Initials	Gender	Date of Birth (dd-mmm-yyyy)
			<input type="radio"/> Male <input type="radio"/> Female	
Street Address	City	Prov.	Postal Code	
Telephone (Home)	Telephone (<input type="radio"/> Work <input type="radio"/> Cell)	Email		

A spouse must be ineligible for group coverage under the existing group policy either due to termination of the employee's employment or because he/she is no longer an eligible spouse.

Date no longer eligible as a spouse (dd-mmm-yyyy)	Reason for termination of coverage
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AMOUNT OF INSURANCE APPLYING FOR

Existing Basic CI Coverage	Existing Voluntary CI Coverage	Total Amount of Group CI Coverage to Be Converted (units of \$5,000 to maximum of \$100,000)
\$	\$	\$

In the last 12 months, have you used, in any form whatsoever, tobacco, nicotine or cannabis mixed with tobacco?
If "Yes", indicate product used and provide details below.

Yes No

Details, if you require more space, please attach a separate sheet of paper, signed and dated.

SPOUSE AUTHORIZATION

I certify that the following conditions for conversion have been satisfied:

- I am under age 65 and a resident of Canada.
- I am applying for conversion within 31 days of the termination date of my existing Employer Group Critical Illness Insurance coverage.
- I have not received an AdvanceCare or covered condition benefit payment under the existing group policy.
- I understand that if my existing Employer Group Critical Illness Insurance coverage has been issued subject to any exclusion, the exclusion will apply to the converted group policy.
- I understand that all premiums for my Converted Group Critical Illness Insurance coverage are to be based on my age (attained age at January 1st), gender and smoking status at the time of conversion.
- I further acknowledge receipt of the Notice on Privacy and Confidentiality (attached) summarizing certain privacy practices regarding collection, use and disclosure of my personal information.

X

Spouse Signature (must always sign) _____ Date (dd-mmm-yyyy) _____

PAYMENT SELECTION AND AUTHORIZATION

Please complete, print and sign in ink

Complete and submit with your Application for Conversion

EMPLOYEE PAYMENT INFORMATION PLEASE CHOOSE YOUR PAYMENT OPTION BELOW

Monthly Pre-Authorized Debit (PAD)

I have completed the attached Pre-Authorized Debit (PAD) Agreement form authorizing Industrial Alliance Insurance and Financial Services Inc. (the "Company") to withdraw the required premium (plus applicable taxes) from my account.

Cheque

I have attached a cheque for the first month's premium payable to "iA Financial Group". I understand the balance of the premium (plus applicable taxes) will be billed once my coverage is approved.

Bill me

Send me a Premium Statement once my coverage has been approved. I understand coverage will not take effect until my first month's premium has been received.

X

Employee Signature

Date (dd-mmm-yyyy)

SPOUSE PAYMENT INFORMATION PLEASE CHOOSE YOUR PAYMENT OPTION BELOW

Same as employee

Monthly Pre-Authorized Debit (PAD)

I have completed the attached Pre-Authorized Debit (PAD) Agreement form authorizing Industrial Alliance Insurance and Financial Services Inc. (the "Company") to withdraw the required premium (plus applicable taxes) from my account.

Cheque

I have attached a cheque for the first month's premium payable to "iA Financial Group". I understand the balance of the premium (plus applicable taxes) will be billed once my coverage is approved.

Bill me

Send me a Premium Statement once my coverage has been approved. I understand coverage will not take effect until my first month's premium has been received.

X

Spouse Signature (if applying)

Date (dd-mmm-yyyy)

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Please complete, print and sign.

POLICY INFORMATION

Name of Policyholder Solutions Converted Group Insurance	Group Policy Number 100009942
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APPLICANT INFORMATION

Last Name	Given Name	Initials

CHEQUE/ACCOUNT DETAILS FOR MONTHLY PRE-AUTHORIZED DEBITS

PLEASE ATTACH A PERSONALIZED 'VOID' CHEQUE OR COMPLETE THE INFORMATION BELOW.
IF YOU DON'T HAVE A CHEQUE, YOU CAN REQUEST A DIRECT DEPOSIT FORM FROM YOUR FINANCIAL INSTITUTION.

Name(s) of Account Holder(s) as shown on Financial Institution records			
Street Address of Account Holder(s)	City	Prov.	Postal Code
Name of Financial Institution			
Street Address of Branch	City	Prov.	Postal Code

PAD CATEGORY IF THIS IS NOT FILLED IN, THE PAD WILL BE TREATED AS PERSONAL

Personal Expense Business Expense

Withdrawal Arrangement

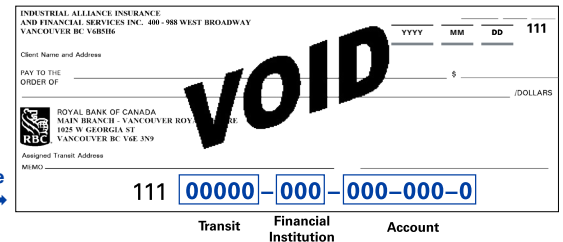
Fixed Variable

Transit Number (See sample →)

 Financial Institution Number (See sample →)

 Account Number (See sample →)

Sample →



Recourse

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca.

AUTHORIZATION FORM MUST BE SIGNED IN INK

I/we, as the Account Holder(s), authorize Industrial Alliance Insurance and Financial Services Inc. (the "Company") and the financial institution named above or as indicated on the attached 'VOID' cheque, to withdraw variable monthly payments from my/our account, at the branch indicated, for the purpose of collecting premiums and any applicable sales tax for insurance under this policy.

The PAD amount will be debited from the account indicated above on the 1st day of each month or the next business day. I/we agree to notify the Company in writing, if there is any change to the banking information set out above.

I/we waive the right to receive pre-notification of the amount to be debited each month and the date of such debit. However, the Company will provide written notice of the amount of the first PAD at least three (3) calendar days before the first PAD is debited.

I/we may cancel this PAD Agreement at any time, subject to providing notice to the Company at the address provided below. This notification must be received at least ten (10) business days before the next debit is scheduled. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.payments.ca.

I/we understand that cancellation of this PAD Agreement will not have any effect on the insurance provided under this policy, provided that payment is received when due and is made in accordance with the terms of this policy.

This PAD Agreement only applies to the method of payment. I/we understand that completing this PAD Agreement does not mean that the application for insurance coverage has been approved.

X

Applicant Signature
(must always sign)

Date (dd-mmm-yyyy)

X

Signature of all other Account Holder(s)
(if a required signatory to this account)

Date (dd-mmm-yyyy)

NOTICE ON PRIVACY & CONFIDENTIALITY PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. (the "Company") employees, its reinsurers, third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries for the purposes of (a) sponsoring a plan for you, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). **Your file will be kept in our offices.**

You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at: 400–988 West Broadway, P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, iA Special Markets. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found online at ia.ca or alternatively, contact us at 1.800.266.5667 and request that a copy be faxed or mailed to you.

SEND YOUR COMPLETED FORM TO

iA Special Markets

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)

specialmarkets@ia.ca

Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time