



**Underwritten by:**  
 Industrial Alliance Insurance & Financial Services Inc.  
 400-988 Broadway W PO Box 5900, Vancouver, BC V6B 5H6

FOR OFFICE USE ONLY

# BASIC GROUP CRITICAL ILLNESS INSURANCE ENROLMENT REQUEST FORM

Name of Policyholder	Group Policy Number
<input type="text"/>	<input type="text"/>
Name of Division	Division Number
<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"/>
Province of Residence	Occupation			
<input type="text"/>	<input type="text"/>			
Date of Employment (dd-mmm-yyyy)	Employment Classification	If "Other", please describe:		
<input type="text"/>	<input type="radio"/> Full-time <input type="radio"/> Part-time <input type="radio"/> Other	<input type="text"/>		

## INSURANCE INFORMATION

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

## 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

**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