

# GROUP INSURANCE CHANGE REQUEST FORM

Please complete, print and sign.

## POLICY INFORMATION

Name of Policyholder	Group Policy Number
Name of Division	Division Number

## MEMBER/EMPLOYEE INFORMATION MUST ALWAYS BE COMPLETED

Last Name	Given Name	Initials	Member/Employee ID
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## CHANGE REQUEST PLEASE CHECK ALL THAT APPLY

<input type="radio"/> Name Change:	Last Name	Given Name	Initials
<input type="radio"/> Termination:	Date last worked (dd-mmm-yyyy)		
<input type="radio"/> Reinstatement:	Rehire date (dd-mmm-yyyy)		
<input type="radio"/> Division Transfer:	Transfer date (dd-mmm-yyyy)	New division name	New division number
<input type="radio"/> Leave of Absence:	Type of leave	Date of leave (dd-mmm-yyyy)	Expected date of return (dd-mmm-yyyy)
<input type="radio"/> Return to work following Leave of Absence:	Date of return (dd-mmm-yyyy)		
<input type="radio"/> Employee Classification Change:			
<input type="radio"/> Other:			

## COMPLETED BY

Benefit Administrator Name	Date (dd-mmm-yyyy)
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## 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