



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

FOR OFFICE USE ONLY

# REQUEST TO ADD A CHILD TO YOUR EXISTING PLAN

Please complete, print and sign.

This form must be received within 90 days following your child becoming eligible for coverage under your group policy.  
 If 90 days has passed, you must complete a Supplemental Questionnaire for Dependent Child Insurance.

## POLICY INFORMATION

Name of Policyholder	Group Policy Number	Member/Employee ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

## MEMBER/EMPLOYEE INFORMATION MUST ALWAYS BE COMPLETED

Last Name	Given Name	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	Prov.
<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"/>
Postal Code		
<input type="text"/>		

## DEPENDENT CHILD 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"/>

Please select one which best represents your Dependent Child:

- Child**  
 Dependent who is over 14 days of age and under 21 years of age, unmarried and receives full parental support and maintenance.
- Special Needs**  
 A mentally and/or physically disabled child may remain covered past 21 years provided he or she is incapable of self sustaining employment and receives full parental support and maintenance from the member/employee.
- Full-Time Post Secondary Student**  
 Dependent who is 21 years of age or over but under 25 years of age, unmarried and receives full parental support and maintenance for reason of full-time attendance at a recognized school, college or university.

Name of Education Institution

If your child is over 20 years of age and not a full-time student please provide details for continued eligibility.

X

**Member/Employee Signature**  
 (must always sign)

Date (dd-mmm-yyyy)

## YOUR PERSONAL INFORMATION

The personal information that we, iA Financial Group and its affiliates, collect in the course of your coverage will only be used and disclosed for the purposes for which you have already consented.

To review your consent preferences or to learn more, please visit [ia.ca/protection-personal-information](http://ia.ca/protection-personal-information).

## 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