

REQUEST TO ADD A CHILD TO YOUR EXISTING PLAN

Please complete, print and sign

This form must be received within 180 days following your child becoming eligible for coverage under your group policy.
If 180 days has passed, you must complete a Supplemental Questionnaire for Dependent Child Insurance.

POLICY INFORMATION

| | |
|---------------------|----------------------|
| Group Policy Number | iA Reference Number |
| 100011627 | <input type="text"/> |

MEMBER INFORMATION MUST ALWAYS BE COMPLETED

| | | | |
|----------------------|---|----------------------|----------------------|
| Last Name | Given Name | Initials | Service Number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <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"/> | |

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"/> |

If the child you are adding is NOT a newborn, please add the date he/she became eligible (dd-mmm-yyyy):

Please select one which best represents your Dependent Child:

- Child**
Dependent who is under 21 years of age, unmarried and receives full parental support and maintenance.
- 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

X

| | |
|---|----------------------|
| <input type="text"/> | <input type="text"/> |
| Member Signature (must always sign) | Date (dd-mmm-yyyy) |

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:
1.855.747.4717 (toll-free)
sisipci@ia.ca
Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time