

TERMINATION REQUEST FORM

Specified coverage will terminate as per the terms of the group policy.

POLICY INFORMATION

Group Policy Number iA Reference Number
100011627 _____

MEMBER/EMPLOYEE INFORMATION

Last Name Given Name Initials Service Number

YOUR CURRENT MAILING ADDRESS REQUIRED FOR TERMINATION CONFIRMATION AND REFUND OF PREMIUMS, IF APPLICABLE

Street Address City Prov. Postal Code

Telephone (Home) Telephone (Work Cell) Email

TERMINATION SPECIFICATIONS

Option 1

Terminate all coverage under the above-mentioned group policy

Option 2

If you do not wish to terminate all coverage under the group policy, select below which benefit(s) you would like terminated:

Member

All member benefits

Spouse

All spouse benefits

Dependent Children*

All dependent benefits
 Other (please specify)

* Note if you are terminating the dependent coverage for only some of your dependent children, please specify their names listed on a separate piece of paper attached to this form, otherwise the termination will apply to all dependent children covered under the benefit.

Please provide the reason for terminating your coverage.

Reasons for Termination:

Spouse is no longer eligible for coverage as of (date: dd-mmm-yyyy) _____

Service needs improvement No Longer need coverage Product does not meet my needs Cost Other

Tell us more: _____

AUTHORIZATION FORM MUST BE SIGNED IN INK

A copy of this signed authorization shall be as valid as the original.

X _____ **X** _____
Member Signature Date (dd-mmm-yyyy) Spouse Signature Date (dd-mmm-yyyy)
(must always sign) (if applicable)

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



A division of CFMWS
Une division des SBMFC

YOUR PERSONAL INFORMATION

The personal information that we, iA Financial Group and its affiliates, collect in the course of your claim 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.