

Quantity	No.	Form
_____	F54-703A	Administration Guide
_____	F54-070A	Change of Record
_____	F54-288A	Claim Form - Dental Care
_____	F54-267A	Claim Form - Dental Care in Case of an Accident
_____	F54-361A	Claim Form - Life Insurance
_____	F54-381A	Claim Form - Disability - Initial Request
_____	F54-382A	Claim Form - Disability - Extension of Disability
_____	F54-326A	Claim Form - Medical Expenses
_____	F54-069A	Direct Deposit Authorization
_____	F54-018A	Enrolment Request
_____	F54-002A	Evidence of Insurability
_____	F54-020A	Notice of Change

Quantity	No.	Form
_____	F54-268A	Notice of Return to Work
_____	F54-702A	Order Form
_____	F48-182A	Return envelope - Administration (Montreal)
_____	F48-182A(1)	Return envelope - Administration (Toronto)
_____	F48-184A	Return envelope - Claims (Montreal)
_____	F48-184A(1)	Return envelope - Health and Dental Claims (Toronto)
_____	F48-184A(2)	Return envelope - Disability Claims (Toronto)

Other forms

_____ F____ - _____

_____ F____ - _____

HELP US SERVE YOU BETTER

 Date

Y	M	D

 Policy no.

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 Division no.

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RETURN LABEL

- Complete the return label.
- Send your order to the address below according to your administrative center:

Montreal Industrial Alliance Order Form PO Box 790, Station B Montreal, QC H3B 3K6	Toronto Industrial Alliance Order Form 522 University Avenue Toronto, ON M5G 1Y7
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- You can order forms through our website at www.inalco.com/groupinsurance in the Administrator Services section.



INSURANCE AND FINANCIAL SERVICES INC.

 Some forms are on back order.

Name of policyholder _____

C/O _____

Address _____

Postal code _____

 WHITE AND YELLOW COPIES: PLEASE RETURN TO INDUSTRIAL ALLIANCE
 PINK COPY: KEEP FOR YOUR RECORDS