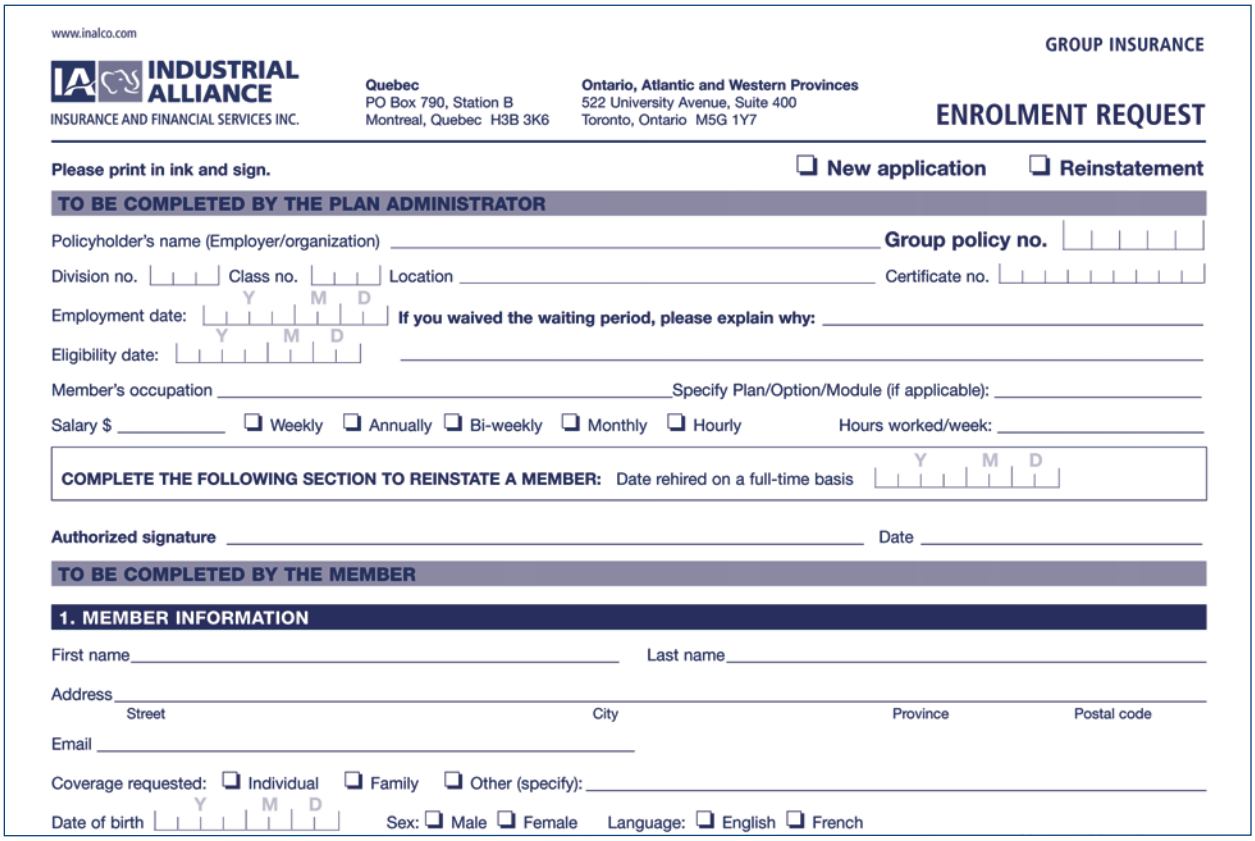
Enrolment Request, Change of Record and Notice of Change

The key forms for all of your changes

The *Enrolment Request* (F54-018A), the *Change of Record* (F54-070A) and the *Notice of Change* (F54-020A) forms are the key forms which are used to submit all changes affecting the members of your group insurance plan.

According to the situations described in the following pages, you may need to add other forms.

All *Enrolment Request* forms must be completed and signed in ink by the administrator and the member.



www.inalco.com

INDUSTRIAL ALLIANCE
INSURANCE AND FINANCIAL SERVICES INC.

Quebec
PO Box 790, Station B
Montreal, Quebec H3B 3K6

Ontario, Atlantic and Western Provinces
522 University Avenue, Suite 400
Toronto, Ontario M5G 1Y7

GROUP INSURANCE

ENROLMENT REQUEST

Please print in ink and sign. ❑ New application ❑ Reinstatement

TO BE COMPLETED BY THE PLAN ADMINISTRATOR

Policyholder's name (Employer/organization) _____ **Group policy no.** _____

Division no. _____ Class no. _____ Location _____ Certificate no. _____

Employment date: Y M D _____ **If you waived the waiting period, please explain why:** _____

Eligibility date: Y M D _____

Member's occupation _____ Specify Plan/Option/Module (if applicable): _____

Salary $ _____ ❑ Weekly ❑ Annually ❑ Bi-weekly ❑ Monthly ❑ Hourly Hours worked/week: _____

COMPLETE THE FOLLOWING SECTION TO REINSTATE A MEMBER: Date rehired on a full-time basis Y M D _____

Authorized signature _____ Date _____

TO BE COMPLETED BY THE MEMBER

1. MEMBER INFORMATION

First name _____ Last name _____

Address _____
Street City Province Postal code

Email _____

Coverage requested: ❑ Individual ❑ Family ❑ Other (specify): _____

Date of birth Y M D _____ Sex: ❑ Male ❑ Female Language: ❑ English ❑ French

F54-018A

All *Change of Record* forms must be completed and signed in ink by the administrator and the member.

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GROUP INSURANCE

CHANGE OF RECORD

Please print in ink and sign.

1. BASIC INFORMATION

Policyholder's name (Employer/organization) _____ Group policy no. _____

Division no. _____ Class no. _____ Location _____ Certificate no. _____

Member's name (as shown on our records) _____

Authorized signature (administrator) _____ Date _____

2. CHANGE OF NAME OR ADDRESS

Last name _____ First name _____

Reason: ❑ Correction ❑ Marriage / Civil union – Date Y M D ❑ Moved ❑ Divorced / Separated – Date Y M D

Address _____ Postal code _____
No. Street City Province

Email: _____ Effective date of change of address: Y M D

3. CHANGE OF STATUS *(Please specify the details in the dependents section)*

I wish to change my status to: ❑ Individual ❑ Family ❑ Other: _____.

Reason:

❑ Marriage / Civil Union – Date Y M D

❑ Common-law – Spouse Cohabitation began on: Y M D

❑ Birth – Date Y M D

❑ Divorced / Separated – Date Y M D

❑ Other _____ Date Y M D

F54-070A

All *Notice of Change* forms must be completed and signed in ink by the administrator.
If you choose to fax us the form, please keep the original copy for your records.

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GROUP INSURANCE

NOTICE OF CHANGE

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Policyholder's name (Employer/Organization)	Policy number	Account number

(1) Certificate number	(2) Member's name	(3) Code (see below)	(4) Effective date of change(s) (YY/MM/DD)	(5) Salary			(6) Additional information
				Amount	Frequency	No. of hours	

If you fax this form, please keep the original for your records.

Code definitions (Please indicate the applicable code for each member in the column above).

5 – Salary change	26 – Occupation change	45 – Division transfer	40 – Termination (employment)
22 – Change of language (F/E)	27 – Other (specify)	46 – Class change	43 – Termination (layoff)
24 – Address change	31 – Reinstatement (return to work)	75 – Maternity/Parental leave	51 – Retirement
25 – Lost or stolen card			52 – Termination (leave of absence)

Authorized signature _____ Telephone ( ) _____ Ext. _____ Date _____

Name (please print) _____

F54-020A (08-06)

F54-020A

IMPORTANT
We must receive the required documents at one of our offices within 31 days following the date of the event.