



Please print in ink and sign.

**1. GENERAL INFORMATION**

Policyholder's name: \_\_\_\_\_  
(Employer/organization)

Group policy no.: \_\_\_\_\_ Division no.: \_\_\_\_\_

**2. ADMINISTRATIVE CHANGES**

Previous administrator to be removed: Last name \_\_\_\_\_ First name \_\_\_\_\_  
(if applicable)

New administrator to be added: Last name \_\_\_\_\_ First name \_\_\_\_\_  
(if applicable)

New administrator's email: \_\_\_\_\_

Telephone no.: \_\_\_\_\_ Language:  English  French

New address of organization (if applicable): \_\_\_\_\_  
Civic number, street, suite

\_\_\_\_\_  
City, province, postal code

Which departments are affected by the administrative change(s)? Please check all applicable departments:

- Administration  Billing  Health/Dental Claims  Disability Claims

Effective date of the changes: \_\_\_\_\_  
(YYYY/MM/DD)

\_\_\_\_\_  
**Policyholder's signature**

\_\_\_\_\_  
**Date (YYYY/MM/DD)**

Please note that if you wish to add, modify or cancel an administrator's access to My Client Space, you must complete and sign the *My Client Space Access Request* form (F54-788A). These two forms can be submitted using one of the methods below.

**WHERE SHOULD THE COMPLETED FORM BE SUBMITTED?**

**Quebec**

**Email:** groupinsurance@ia.ca  
**Fax:** 1-888-780-2376  
**Mail:** Administration  
PO Box 790, Station B  
Montreal, Quebec H3B 3K6

**All Other Provinces**

groupinsurance@ia.ca  
1-888-781-0924  
Administration  
522 University Avenue, Suite 400  
Toronto, Ontario M5G 1Y7