

### ⚠ IMPORTANT

This request must be received by iA Financial Group within 31 days of termination or coverage reduction of the group life insurance benefits. No medical questionnaire is required.

### Insurance amounts that can be converted

**Case 1:** Termination of your employment or your group membership

LIFE INSURANCE (BASIC AND OPTIONAL)		
Quebec residents	<b>For you</b>	– Minimum: \$10,000 (basic and optional life combined) – Maximum: The lesser of \$400,000 or the current group life insurance amount (basic and optional life combined)
	<b>For each of your dependents</b>	– Minimum: \$5,000 (basic and optional life combined) – Maximum: The current group life insurance amount (basic and optional life combined)
Residents of all other provinces	<b>For you</b>	– Maximum: The lesser of \$200,000 or the current group life insurance amount (basic and optional life combined)
	<b>For each of your dependents</b>	– Consult your group insurance booklet (“conversion privilege” sections) to see the insured persons, the benefits and the amounts eligible for conversion, if any, as well as the applicable rules and conditions.

### SURVIVOR INCOME

Consult your group insurance booklet (“conversion privilege” sections) to see if the survivor income benefit is eligible for conversion, as well as the applicable rules and conditions.

**Case 2:** Termination of the group insurance policy **OR** coverage reduction of the group life insurance benefits

Consult your group insurance booklet (“conversion privilege” sections) to see the insured persons, the benefits and the amounts eligible for conversion, if any, as well as the applicable rules and conditions.

### MEMBER INFORMATION

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth 

Y	M	D

 Group policy no. \_\_\_\_\_ Certificate no. \_\_\_\_\_

Address \_\_\_\_\_ Postal code \_\_\_\_\_

No. Street Apt. City Province

Telephone \_\_\_\_\_ Email \_\_\_\_\_

An iA Financial Group agent will contact you to describe the different individual life insurance benefit options available to you and the cost of each one. Please allow time for your application to be reviewed and processed.

### MEMBER CONFIRMATION

**I HEREBY CERTIFY** that the information above is true and complete.

**I UNDERSTAND** that the following conditions must be met for my conversion request to be eligible:

1. This request shall be received by Industrial Alliance Insurance and Financial Services Inc. (“iA Financial Group”) within 31 days of the termination or coverage reduction of the group life insurance benefits.
2. The member must be under age 65 at the time of termination or coverage reduction of the group life insurance benefits, unless stipulated otherwise in the group insurance policy.

If these two conditions are not met, iA Financial Group shall be released of all responsibility for following up on the conversion request and this request shall be null and void.

**I AGREE** that a photocopy of this Confirmation shall be as valid as the original.

#### Electronic signature

*Accepted only if you send this form by secure messaging (see next section to find out how).*

By checking this box, I AFFIX my electronic signature, meaning that  
**I ACKNOWLEDGE** that I have read, understood and accepted the above statements. Date 

Y	M	D

**OR**

#### Handwritten signature

*If you don't send this form by secure messaging, you must print it and sign it by hand.*

Member's signature \_\_\_\_\_ Date 

Y	M	D

**WHERE TO SUBMIT THIS FORM**

**By secure messaging in My Client Space\*** – it’s quick and easy! Here’s how:

\* If you have an account in My Client Space and your group insurance access is still active, you may use this feature.

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Save the completed form to your computer</li> <li>2. Go to ia.ca/myaccount and sign in</li> <li>3. At the top right corner of the page, click on the envelope</li> <li>4. Click on <i>New message</i></li> </ol> | <ol style="list-style-type: none"> <li>5. Complete the fields as follows:                     <ul style="list-style-type: none"> <li>- Contract: Select your group insurance plan</li> <li>- Regarding: Other member inquiries</li> <li>- Subject: Life insurance conversion</li> </ul> </li> <li>6. Attach the form you saved previously</li> <li>7. Under <i>Your message</i>, enter a short message</li> <li>8. Click on <i>Send</i></li> </ol> |
|--|--|

**By mail:**

Administration  
 PO Box 790, Station B  
 Montreal, QC H3B 3K6

**Any questions?**

Contact us at [groupinsurance@ia.ca](mailto:groupinsurance@ia.ca)

**FOR iA FINANCIAL GROUP USE ONLY**

**Reason for the conversion:**

Termination of the group life insurance benefits – Terminated on 

Y	M	D

Indicate the specific reason:

- Termination of employment or group membership  
 Termination of the group insurance policy

Coverage reduction of the group life insurance benefits – Reduced on 

Y	M	D

  
 (If the member’s plan includes the conversion privilege for coverage reduction.)

**Current insurance amounts, up to the maximum amounts eligible for conversion:**

Note: Indicate the lesser of the current insurance amounts or the maximum amounts eligible for conversion.

BENEFITS		
	Basic & optional life combined	Survivor income
<b>Member</b>	\$ _____	
<b>Spouse</b>	\$ _____	\$ _____
<b>Children</b>	\$ _____ / child	\$ _____ / child

**Current dependents on file:**

Spouse’s first name	Last name	Date of birth						
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Y	M	D						

Child’s first name	Last name	Date of birth						
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