

Please print in ink and sign.

**BASIC INFORMATION**

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

Plan member's name \_\_\_\_\_ Certificate no. \_\_\_\_\_

**DECLARATION**

Plan member	<p>I hereby declare that, in the last 12 months, I have not used, in any form whatsoever, tobacco, nicotine or cannabis mixed with tobacco.</p> <p><input type="checkbox"/> Please modify my smoker status to non-smoker.</p>
Spouse	<p>I hereby declare that, in the last 12 months, my spouse has not used, in any form whatsoever, tobacco, nicotine or cannabis mixed with tobacco.</p> <p><input type="checkbox"/> Please modify my spouse's smoker status to non-smoker.</p>

**PLAN MEMBER CONFIRMATION AND AUTHORIZATION**

**I CONFIRM** that the information contained in this form is true and complete.

On behalf of myself and my spouse, **I CONSENT TO THE RELEASE** of the information in this form to my Employer/Policyholder and iA Financial Group (Industrial Alliance Insurance and Financial Services Inc.), its employees, agents, reinsurers and service providers for the purposes of underwriting, administration and claims processing. In addition, **I UNDERSTAND** that personal information in this form may be subject to disclosure to those authorized under the applicable laws within or outside of Canada.

If my Social Insurance Number is used as my certificate number, **I AUTHORIZE** its use for the administration of my group insurance plan.

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

Plan member's signature \_\_\_\_\_ Date 

Y	M	D

**WHERE TO SUBMIT THIS FORM?**

**Residents of Quebec**

By fax: P1-888-780-2376  
By mail: PO Box 790, Station B  
Montreal, Quebec H3B 3K6

**Residents of all other provinces**

By fax: 1-888-781-0924  
By mail: 522 University Avenue, Suite 400  
Toronto, Ontario M5G 1Y7

**Note: The original form is not required.**