

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

