

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

PART A – POLICYHOLDER/EMPLOYEE INFORMATION
 (Please print clearly – complete in ink.)

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

Employee's name _____ Certificate no. _____

Hire date

Y	M	D

 Termination date

Y	M	D

Reason for termination: _____

Entitlement under the *Employment Standards Act* (ESA) of _____ = _____ weeks
 Province

Benefits extended for: Employee only Employee and eligible dependents

PART B – BENEFIT EXTENSION REQUEST

Option 1 Employees outside Quebec only

Coverage for all benefits during the provincial *Employment Standards Act*'s statutory notice period only.

Option 2 Employees outside Quebec only

Coverage for all benefits during the provincial *Employment Standards Act*'s statutory notice period, plus further extension.

Period of subsequent extension

From

Y	M	D

 to

Y	M	D

 inclusive.
 Date the *Employment Standards Act*'s statutory notice period ends Date benefit extension ends

You are required to complete Part C.

Option 3 Coverage from the date of termination to

Y	M	D

 for specified benefits only.
 Date benefit extension ends

You are required to complete Part C.

PART C – BENEFITS REQUESTED

Select the coverage(s) to be extended.

- Member life insurance
 The waiver of premiums provision is not extended.
 The combined amount of basic life insurance and optional life insurance cannot exceed a maximum of \$500,000 and may only be extended for a period of up to 12 months.
- Dependent life insurance
 The waiver of premiums provision is not extended.
 The combined amount of dependent life insurance and optional dependent life insurance cannot exceed a maximum of \$500,000 and may only be extended for a period of up to 12 months.
- Accidental death & dismemberment
 The waiver of premiums provision is not extended.
 The combined amount of accidental death and dismemberment insurance and optional accidental death and dismemberment insurance cannot exceed a maximum of \$500,000 and may only be extended for a period of up to 12 months.
- Supplementary health insurance
 Coverage for out-of-Canada expenses is not extended. If your group offers the insurance card to its employees, new insurance cards will be issued automatically without the travel assistance number on the back.
- Dental care
- Employee assistance program
- Flexible account (e.g. health spending account and/or wellness account)
 Conditional on extension of the Supplementary health insurance
- Other: _____

The amount of coverage for each benefit will be as stated under the group policy, unless otherwise noted above. Premiums must continue to be paid for the period of extension. Failure to pay premiums when required will result in the automatic termination of extended benefits.

extension of coverage for the named employee automatically ends on the first of the dates below:

- The date the benefit extension period ends (indicated above).
- The date the employee becomes insured under another group policy.
- The date the group policy terminates, or with respect to a specific benefit being extended, the date the benefit should terminate.

PART D – AUTHORIZED SIGNATURES

Authorized policyholder signature	Name and job title (please print)	Email	Date
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INSTRUCTIONS FOR COMPLETION

Part A

Complete this section in full, including the employee's statutory notice period under the provincial *Employment Standards Act*.

A separate form must be completed and submitted for each employee for whom an extension of benefit coverage is being requested.

Part B

Select the option that is applicable to the employee's situation.

Option 1 – employees outside Quebec only:

Applies to employees who will only receive coverage for the statutory notice period under the provincial *Employment Standards Act*. All benefits for which the employee is insured at the time of the employee's termination will be continued for the statutory notice period. **Do not complete Part C.** Coverage for all benefits will be automatically extended for the statutory notice period as specified under the provincial *Employment Standards Act*.

We recommend you keep a copy for your records. The form will be processed by the Industrial Alliance Insurance and Financial Services Inc. (iA Financial Group) as submitted, as long as the period indicated complies with the statutory notice period under the provincial *Employment Standards Act*.

Option 2 – employees outside Quebec only:

Applies to employees for whom you wish to extend **ALL benefits** in accordance with the provincial *Employment Standards Act* 's statutory notice period, **PLUS** a further period beyond the end of the *Employment Standards Act* 's statutory notice period. **You must indicate the period beyond the statutory notice period for which benefits are to be extended and also complete Part C for this option.**

Option 3 :

Applies to employees for whom you wish to extend **ONLY selected benefits** from the date of termination. **You must indicate the date benefits are to be extended to and also complete Part C for this option.**

Part C: To be completed when Option 2 or 3 is selected.

Please indicate with a checkmark which benefits are to be extended. **Only those benefits** for which the employee is insured as at the date of the employee's termination may be extended.

Part D

Please sign and date the form and print your name, job title and email address.

Where to send the form

Send the form to the following address:

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

You can also send your form by fax to 1-877-392-6487.