

HOW TO COMPLETE THE FORM

1. Use the column marked «Code» to indicate the requested change(s). Complete the applicable columns and forms.
2. Make a copy and send the original to iA Financial Group (Industrial Alliance Insurance and Financial Services inc.). Should you fax this form, keep the original for your files.

REGULAR CHANGES			
Code	Type of change	Procedure	Complete columns
5	Salary change A = Annual H = Hourly M = Monthly W = Weekly	Indicate the member's new salary and the effective date of this new salary. Specify the frequency using the codes on the left. In the case of hourly salaries, indicate the number of hours worked per week.	1, 2, 3, 4, 5
22	Change of language (F/E)	Specify language – F: French E: English	1, 2, 3, 6
24	Address change	Indicate the new address in column 6.	1, 2, 3, 4, 6
25	Lost or stolen card	Specify code 25.	1, 2, 3
26	Occupation change	Indicate the new occupation in column 6.	1, 2, 3, 4, 6
27	Other (specify)	Provide all necessary information and documents to support the requested change. Refer to your administration guide.	s. o.
31	Reinstatement (return to work)	Indicate the date of return to work (column 4) if it is within the eligibility period mentioned in your contract. If not, please complete form F54-018A (Enrolment Request - Reinstatement).	1, 2, 3, 4
45	Division transfer	Specify "Transfer from division X to division Y" under Additional information (column 6). Specify the date of change (column 4).	1, 2, 3, 4, 6
46	Class change	Specify the new class of member (column 6) and indicate the date of change (column 4).	1, 2, 3, 4, 6
75	Maternity or parental leave	Specify the departure date (column 4) and the expected date of return (column 6). If benefits are to be discontinued, complete F54-017A (Refusal to participate).	1, 2, 3, 4

TERMINATION			
Code	Type of change	Procedure	Complete columns
40	Termination (employment)	Indicate the date of the last day worked.	1, 2, 3, 4
43	Termination (layoff)	Indicate the date of the last day worked. If you already know the date of return, please indicate it under Additional information (column 6).	1, 2, 3, 4
51	Retirement	Indicate the date of the last day worked.	1, 2, 3, 4
52	Termination (leave of absence)	Indicate the date of the last day worked. If you already know the date of return, please indicate it in column 6.	1, 2, 3, 4

CHANGES WITH OTHER FORMS		
Type of change	Procedure	Complete columns
New member	Complete form F54-018A (Enrolment request – New application) in full and obtain the member's signature.	s. o.
Change of status (type of coverage)	Complete form F54-070A (Change of record) and F54-002A (Evidence of insurability), if necessary.	s. o.
Exemption from participation	Complete form F54-070A (Change of record).	s. o.
Beneficiary change	Complete form F54-070A (Change of record). If previously irrevocable, obtain the previous beneficiary's signature.	s. o.
Name change or correction	Complete form F54-070A (Change of record).	s. o.
Refusal to participate	Complete form F54-017A (Refusal to participate).	s. o.