

### ⚠ 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. This form is for the exclusive use of **self-administered groups** or **third-party administrators (TPA)**.

### PART 1 – TO BE COMPLETED BY THE PLAN ADMINISTRATOR

⚠ To avoid delays and meet the conversion privilege deadlines, make sure the information in Part 1 is accurate.

Member's first name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth 

Y	M	D

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

**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. Consult the group insurance contract to find out.)

**For iA Financial Group use only**

Agent code \_\_\_\_\_

**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.

⚠ Consult the group insurance contract ("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.

	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 

Y	M	D

Child's first name \_\_\_\_\_ Last name \_\_\_\_\_ Date of birth 

Y	M	D

\_\_\_\_\_ Last name \_\_\_\_\_ Date of birth 

Y	M	D

\_\_\_\_\_ Last name \_\_\_\_\_ Date of birth 

Y	M	D

\_\_\_\_\_ Last name \_\_\_\_\_ Date of birth 

Y	M	D

\_\_\_\_\_ Last name \_\_\_\_\_ Date of birth 

Y	M	D

Plan administrator's first name \_\_\_\_\_ Last name \_\_\_\_\_

Plan administrator's handwritten signature \_\_\_\_\_ Date 

Y	M	D

**For self-administered groups:** Name of policyholder \_\_\_\_\_

**For third-party administrators:** Name of organization \_\_\_\_\_

## PART 2 – TO BE COMPLETED BY THE MEMBER

**▲ Please do not erase or modify the information in Part 1 (completed by the plan administrator). Otherwise, the form will no longer be valid. Please contact the plan administrator to have the information corrected, when necessary, before submitting your conversion request.**

### MEMBER CONTACT INFORMATION

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.

### INSURANCE AMOUNTS THAT CAN BE CONVERTED

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

#### LIFE INSURANCE (BASIC AND OPTIONAL)

Quebec residents	For you	– 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)
	For each of your dependents	– 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	For you	– Maximum: The lesser of \$200,000 or the current group life insurance amount (basic and optional life combined)
	For each of your dependents	– 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 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

**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. Since My Client Space is not available for all groups, you may ask your plan administrator whether this option is available to you.*

1. Go to [ia.ca/myaccount](http://ia.ca/myaccount) and sign in
2. At the top right corner of the page, click on the envelope
3. Click on *New message*
4. Complete the fields as follows:
  - Contract: Select your group insurance plan
  - Regarding: Other member inquiries
  - Subject: Life insurance conversion
5. Attach the completed and signed form
6. Under *Your message*, enter a short message
7. Click on *Send*

**By mail:**

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

**Any questions?**

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