iA Financial Group

BENEFIT EXTENSION REQUEST

Group insurance

PART A – POLICYHOLDER/MEMBER INFORMATION

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

Member's name _____ Certificate no. _____

Hire date Y M D Employment termination date Y M D Reason for termination_____

PART B – BENEFIT EXTENSION REQUEST

STATUTORY NOTICE PERIOD (as stated under the provincial or federal employment standards)

Complete the following ONLY if you select option 1 or 2 below. Entitlement under the:

☐ Employment Standards Act (ESA) of _____ = _____ weeks – Please ensure that the period indicated complies with the statutory notice period under the provincial Employment Standards Act.
Province

OR

☐ Canada Labour Code (federal) = _____ weeks (applicable to federally regulated employees)

Select one of the following coverage options:

Option 1 ☐ **Statutory notice period only:** Y M D
Date statutory notice period ends

All benefits for which the member is covered at the time of termination will be extended.
Do not complete Part C.

Option 2 ☐ **Statutory notice period + further extension**

Further extension: From Y M D to Y M D inclusive
Date statutory notice period ends — Date benefit extension ends

Any extension request that exceeds 12 months, including the statutory notice period, will be subject to additional review.
You must complete Part C since only certain benefits and provisions may be extended once the statutory notice period has expired.
During the statutory notice period, all benefits for which the member is covered will be extended.

Option 3 ☐ **Without statutory notice period**

From the employment termination date to Y M D inclusive
Date benefit extension ends

Any extension request that exceeds 12 months will be subject to additional review.
You must complete Part C since only certain benefits and provisions may be extended.

PART C – BENEFITS REQUESTED

Only benefits for which the member is covered at the time of termination can be extended. The amount of coverage for each benefit will be as stated under the group policy, unless otherwise noted below. The waiver of premium provision will not apply to disabilities beginning after the employment termination date, subject to compliance with provincial or federal employment standards.

⚠ The following benefits cannot be extended: disability insurance, optional benefits other than those indicated below.

Select the benefit(s) to be extended:

Member life insurance: ☐ Basic and optional ☐ Basic only ☐ Optional only
Combined maximum: $500,000 (basic and optional life insurance)

Dependent life insurance: ☐ Basic and optional ☐ Basic only ☐ Optional only
Combined maximum: $500,000 (basic and optional life insurance)

Accidental death & dismemberment (AD&D): ☐ Basic and optional ☐ Basic only ☐ Optional only
Combined maximum: $500,000 (basic and optional AD&D insurance)

☐ Supplementary health insurance
The following coverage cannot be extended: emergency out-of-province expenses and trip cancellation insurance.

☐ Dental care

☐ Employee assistance program

☐ Health spending account

☐ Wellness account

☐ Other: _____

Please sign this form (see next page).

PART D – AUTHORIZED SIGNING OFFICER

Premiums must continue to be paid for the period of extension. Failure to pay premiums when required will result in the automatic termination of the extended benefits.

The extension of benefits automatically ends on the earliest of the dates below:

— The date the extension period indicated above ends.

— The date the member becomes covered 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.

Authorized plan administrator's name_____

Job title _____ Email _____

How to sign and submit this form (two options available):

1. By secure messaging in My Client Space* – it's quick and easy!

** If you have an account in My Client Space as a plan administrator, you may use this feature.*

- Once the form is completed, sign it (electronic signature below; this signature is accepted only if you send this form by secure messaging in My Client Space):

☐ 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

- Save the completed and signed form on your computer. Here's how to send it:

1. Go to ia.ca/myaccount and sign in
2. From the left-hand menu, click on ***My messages***
3. Click on ***Send a message***
4. Complete the fields as follows:
   - Line of business: Group insurance
   - Topic: Administration
   - Subject: Other changes requests for a plan member
   - Specify: Benefit extension request
5. Under ***Contract Number***, enter the policy number
6. Attach the form you saved previously
7. Under ***Message***, enter a short message
8. Click on ***Send***

2. By fax or by mail

- If you don't have access to My Client Space, print the form and sign it by hand:

Plan administrator's signature _____ Date Y M D

- You can then send it:

By fax:
1-888-780-2376

By mail:
Group Administration
PO Box 790, Station B
Montreal, QC H3B 3K6

Questions? Contact us at groupinsurance@ia.ca.