

Industrial Alliance Insurance and Financial Services Inc.

VOLUNTARY ACCIDENT INSURANCE ENROLLMENT CARD

Group Policyholder: Alberta School Employee Benefit Plan

Policy No. 119-1366

Please Complete:

Applicant's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

- I authorize the deduction from my salary for the premiums (please complete both sides of the Enrollment Card).
- I have been given the opportunity to apply for this insurance, but I do not wish to participate.

I understand that the personal information provided regarding my insurance coverage may be collected and used by or disclosed to Industrial Alliance Insurance and Financial Services Inc., its reinsurers, agents or third party administrators for the purpose of administration, marketing of products and services, and investigation of claims.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ dd \_\_\_\_\_ mmm \_\_\_\_\_ yyyy

*The terms and conditions governing the insurance are set out in the Master Policy which is on file with the employer.*

Please complete both sides of the Enrollment Card.

Over→

Industrial Alliance Insurance and Financial Services Inc.

VOLUNTARY ACCIDENT INSURANCE ENROLLMENT CARD

Please complete the following section:

Date of Birth \_\_\_\_\_ dd \_\_\_\_\_ mmm \_\_\_\_\_ yyyy

Amount of Insurance \$ \_\_\_\_\_ (\$25,000.00, \$50,000.00, \$100,000.00, \$150,000.00, \$200,000.00, \$250,000.00, \$300,000.00, \$350,000.00, \$400,000.00, \$450,000.00 or \$500,000.00)

Check one if New Insurance:

Check Appropriate Boxes for Changes to Existing Insurance:

- Employee Only Plan
- Family Plan

- Change in Amount
- Change to Family Plan
- Change to Beneficiary
- Change to Employee Plan
- Change of Name

Your Spouse (Complete only if you have chosen the Family Plan)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ dd \_\_\_\_\_ mmm \_\_\_\_\_ yyyy

Your Beneficiary \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Family Plan Dependents' Beneficiary: The Beneficiary of all dependents' loss of life benefits will be the Applicant unless otherwise designated.

NB: For Quebec Residents: If you designate your spouse as your beneficiary, this designation is irrevocable unless you check this box:  Revocable