

6. OPTIONAL BENEFITS (Check with your plan administrator if optional benefits are offered in your group insurance contract and if an additional form is required)

	LIFE	AD&D	CRITICAL ILLNESS	STATEMENT
Member	\$ _____	\$ _____	\$ _____	In the past 12 months, have you smoked or used cigarettes, cigarillos, cigars, pipe, chewing tobacco, nicotine gum or patches or any other tobacco product? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Member's signature X _____
Spouse	\$ _____	\$ _____	\$ _____	In the past 12 months, have you smoked or used cigarettes, cigarillos, cigars, pipe, chewing tobacco, nicotine gum or patches or any other tobacco product? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Spouse's signature X _____
Child	\$ _____	\$ _____	\$ _____	

7. BENEFICIARY DESIGNATION (If no beneficiary is designated by the member then the benefit is payable to the estate)

Last name	First name	Relationship	%	Date of birth	
				_____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
				_____	<input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable

In Quebec, if you do not indicate whether the beneficiary designation is revocable or irrevocable, the designation of the legal spouse is irrevocable and any other choice is revocable.

In all provinces, an irrevocable beneficiary's written consent is required in order to make any change to the beneficiary designation.

The above beneficiary designation applies to the member's insurance.

Claims for dependents will be payable to the member.

8. TRUSTEE DESIGNATION (Complete only if the beneficiary has not reached legal age)

I designate the person whose name appears below to act as trustee to receive any amount payable to a beneficiary who is under the legal age or does not have the legal capacity to provide a release. I declare that the release of the said trustee will constitute a valid release for Industrial Alliance with respect to the amount paid.

Trustee's name _____

Date of birth

	Y			M		D
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Member's signature _____

Date

	Y			M		D
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MEMBER CONFIRMATION/AUTHORIZATION

I HEREBY APPLY for the benefits which I am or may become eligible for, subject to any waiver indicated, under my Employer's/Policyholder's group insurance plan and CONFIRM that the information contained in this form is true and complete to the best of my knowledge.

If applying for benefits for my dependents, I CONFIRM THAT I AM AUTHORIZED to disclose information concerning them for the purpose of determining their eligibility for coverage.

On behalf of myself and my dependents, I CONSENT TO THE RELEASE of the information contained in this form to my Employer/Policyholder and Industrial Alliance, its employees, agents, reinsurers and service providers for the purpose of underwriting, administration, claims processing and the enrolment of myself and my dependents in my Employer's/Policyholder's group insurance plan.

If my Social Insurance Number is used as my identification number, I AUTHORIZE its use for the administration of my group benefits.

If any contributions are required to be made by me with respect to my group benefits, I AUTHORIZE my employer to make any required deductions from my earnings and remit same to Industrial Alliance.

I AGREE that a photocopy of this Confirmation/Authorization shall be as valid as the original.

Member's signature _____

Date

	Y			M		D
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DISCLOSURE

At Industrial Alliance, the personal information we collect concerning you and your dependents is kept in strict confidence and is only used for the purposes you have authorized.

Your personal file will be kept at Industrial Alliance's offices.

You have the right to request access to your personal information and, if necessary, correct any inaccurate information. In order to do so, send a written request to the following: Industrial Alliance Insurance and Financial Services Inc., Information Access Officer, 1080 Grande Allée West, Quebec City, Quebec, G1K 7M3.

Access to your personal information will be limited to Industrial Alliance's employees, agents, reinsurers and service providers in the performance of their jobs, individuals to whom you have granted access, and persons authorized by law.

For the purposes of audits and administrative reporting, Industrial Alliance may release to your Employer/Policyholder statistical financial information without personal identifiers.

Industrial Alliance may establish a list of its insureds to share information within the Industrial Alliance Group. This will help us to serve them better and determine whether any products and services that the Industrial Alliance Group offers are suitable so we can offer such products and services to them. However, you are entitled to have your name removed from this list by making a written request to this effect to the Information Access Officer at the address above.