RESET FORM PRINT FORM

iA Financial Group | Industrial Alliance Insurance and Financial Services Inc.

KIDS PLUS™ ACCIDENT INSURANCE APPLICATION FORM

Please complete in full and print

You can use this form at any point in the school year to apply for your children and for yourself.

For complete plan details, please visit **kidsplus.ca**.

School Board or Name of School

CONTACT INFORMATION MUST BE COMPLETED BY A PARENT OR LEGAL GUARDIAN IF APPLYING FOR A CHILD/CHILDREN

Last Name | First Name

Telephone

Street Address | City | Prov. | Postal Code

Email | Language Preference

○ English ○ French

○ Yes, Industrial Alliance Insurance and Financial Services Inc. may contact me electronically with information regarding its products, promotions and services. (You can withdraw your consent and unsubscribe at anytime by visiting kidsplus.ca/unsubscribe.)

DON'T APPLY TWICE! **No need to complete if you have submitted your renewal application.**

INDIVIDUALS TO BE COVERED THIS AREA MUST BE COMPLETED

Last Name	First Name	Date of Birth (dd-mmm-yyyy)	Age	Sex	Insured Type
				○ M ○ F	○ Child ○ Adult
				○ M ○ F	○ Child ○ Adult
				○ M ○ F	○ Child ○ Adult
				○ M ○ F	○ Child ○ Adult
				○ M ○ F	○ Child ○ Adult
				○ M ○ F	○ Child ○ Adult

PLAN CHOICE THIS AREA MUST BE COMPLETED

All rates shown are single, one-time premium payment.

INSURED TYPE	ACTIVE PLAN		VALUE PLAN	ADULT PLAN
CHILD (each) [6 months to 19 years of age]	○ $ 33.50	**OR**	○ $ 14.50	N/A
THREE OR MORE CHILDREN [6 months to 19 years of age]	○ $ 97.00	**OR**	○ $ 42.00	N/A
ADULT (each) [20 – 64 years of age]	N/A		N/A	○ $ 32.00
Total One-Time Cost	$			

RESET FORM PRINT FORM

iA Financial Group | Industrial Alliance Insurance and Financial Services Inc.

PAYMENT INFORMATION PLEASE DO NOT SEND CASH

Please choose one of the following payment options:

☐ **Cheque/Money Order –** made payable to iA FINANCIAL GROUP.

☐ VISA

OR

☐ MasterCard

Credit Card Number | Expiry Date (mmm-yyyy) | Cardholder Name

AUTHORIZATION FORM MUST BE SIGNED IN INK

I acknowledge receipt of the Notice on Privacy and Confidentiality (Page 3) concerning privacy practices and consent to collection, use and disclosure of my personal information for the purposes specified.

X		X	
Signature of Cardholder (must always sign)	Date (dd-mmm-yyyy)	**Signature of Contact Person** (if different from Cardholder)	Date (dd-mmm-yyyy)

PLEASE SEND YOUR COMPLETED FORM TO:

Kids Plus™ Accident Insurance
Industrial Alliance Insurance and Financial Services Inc.
Special Markets Solutions
2165 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6

Or Fax Toll-Free 1-888-553-5433

QUESTIONS?

Contact a Client Service Specialist at:
1-800-556-7411 (toll-free)
kidsplus@ia.ca
Monday to Friday 6:30 a.m. to 4:30 p.m.

FOR OFFICE USE ONLY

Board/School Name | SOURCE CODE **WSB**

Board Number | Policy Number

Date Received (dd-mmm-yyyy) | Processed by

RESET FORM PRINT FORM

iA Financial Group | Industrial Alliance Insurance and Financial Services Inc.

KIDS PLUS™ ACCIDENT INSURANCE INFORMATION SHEET

Please read carefully and retain for your records

IMPORTANT INFORMATION ABOUT YOUR KIDS PLUS™ APPLICATION

1. Industrial Alliance Insurance and Financial Services Inc. (the "Company") will mail you your policy documents once your application has been processed.
2. Coverage is effective the date your completed application and payment are received by the Company (but not before September 1, 2016) and expires September 30, 2017.
3. Rates shown are a single one-time annual cost. The Company offers a 30 day money back guaranteed from your effective date.

NOTICE ON PRIVACY & CONFIDENTIALITY

The specific and detailed information requested pursuant to this application from you and which may be subsequently requested by us, from time to time, is required to process your application, and process any claim for benefits made by you. To protect the confidentiality of such personal information, access to your information is restricted to any person you authorize or as authorized by law as well as those Industrial Alliance Insurance and Financial Services Inc. (the "Company") employees, its reinsurers, third party administrators, agents or brokers of the Company, plan sponsors and any agents or brokers of such sponsors or other market intermediaries who are responsible for the purposes of (a) sponsoring a plan for you, (b) marketing and administration of Company products or services, (c) assessment of risk (underwriting) and (d) investigation of claims (where applicable). **Your file will be kept in our offices.**

You are entitled to review your personal information contained in our files, subject to certain limited exceptions established by law, and if necessary, to have it rectified by sending a written request to us at: 2165 West Broadway. P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, Administration, Special Markets Solutions. Corrections will be noted in the file. If a requested correction is in dispute, we nonetheless note your requested correction in the file. Further information on our privacy practices can be found at **kidsplus.ca** or alternatively, contact us at 1-800-266-5667 and request that a copy be faxed or mailed to you.

UNDERWRITTEN BY:

Industrial Alliance Insurance and Financial Services Inc.
Special Markets Solutions
2165 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6

QUESTIONS?

Contact a Client Service Specialist at:
1-800-556-7411 (toll-free)
kidsplus@ia.ca
Monday to Friday 6:30 a.m. to 4:30 p.m.