

GUARANTEED ACCEPTANCE INSURANCE REQUEST FOR NON-SMOKER RATES

Please complete, print and sign.

Non-smoker rates apply to individuals who, at the time of application, have not used tobacco, nicotine, or cannabis mixed with tobacco in any form whatsoever within the last 12 months and who have provided satisfactory evidence of insurability.

POLICY INFORMATION

Name of Policyholder	Group Policy Number	Member/Employee Id.
<input type="text"/>	<input type="text"/>	<input type="text"/>

MEMBER/EMPLOYEE INFORMATION MUST ALWAYS BE COMPLETED

Last Name	Given Name	Initials	Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (dd-mmm-yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Street Address	City	Prov.	Postal Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone (Home)	Telephone (<input type="radio"/> Work <input type="radio"/> Cell)	Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

In the last 12 months, have you used, in any form whatsoever, tobacco, nicotine or cannabis mixed with tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate the date you last used any of the products listed (dd-mmm-yyyy) <input type="text"/>
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SPOUSE INFORMATION COMPLETE THIS SECTION WHEN SPOUSE IS APPLYING FOR NON-SMOKER RATES

Last Name	Given Name	Initials	Gender <input type="radio"/> Male <input type="radio"/> Female	Date of Birth (dd-mmm-yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

In the last 12 months, have you used, in any form whatsoever, tobacco, nicotine or cannabis mixed with tobacco? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please indicate the date you last used any of the products listed (dd-mmm-yyyy) <input type="text"/>
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AUTHORIZATION FORM MUST BE SIGNED IN INK

1. Limitation - Guaranteed Acceptance Critical Illness Insurance

I understand that no benefit will be payable if I am diagnosed with a Covered Condition or AdvanceCare Benefit Condition within the **first 24 months immediately following my original effective date of coverage** which results directly or indirectly from a Pre-Existing Condition. "Pre-Existing Condition" means illness, disease, mental, nervous or psychiatric condition or disorder for which any one of medical advice, treatment, service, prescribed medication, diagnosis or consultation, including consultation to investigate, and/or diagnose (where diagnosis has not yet been made) was received by me or would have been received by a prudent individual within the 24 months immediately preceding the effective date of my original coverage.

2. Limitation - Guaranteed Acceptance Term Life Insurance

I understand that during the first 24 months immediately following my original effective date of coverage the following limitations apply: If the cause of death is non-accidental, no benefit is payable, but premiums will be refunded with 5% interest, compounded annually. If the cause of death is suicide, no benefit is payable, and premiums will not be refunded. I further understand that if the cause of death is accidental, the full benefit payment will be made.

3. Privacy

I acknowledge that I have read the Notice on Privacy and Confidentiality (attached) summarizing certain privacy practices regarding collection, use and disclosure of my personal information.

I agree to the use of my personal information for the purposes outlined in this application. I understand that my consent to the use of any information to offer me products and services is optional, and that if I wish to discontinue such use I may call or write to Industrial Alliance Insurance and Financial Services Inc. (the "Company") at the telephone number or address shown on this application.

4. Effective Date

I understand that my non-smoker rates will take effect on the first of the month following the date my completed application is received by the Company.

Premiums for this coverage will be deducted in the same manner as my existing coverage.

5. For Quebec residents

I confirm that all the applicants under age 65 are covered under a private drug plan as required by the Quebec Act respecting prescription drug insurance. I understand that coverage may be void if this declaration is false.

X	X
Member/Employee Signature (must always sign)	Spouse Signature (if applying)
Date (dd-mmm-yyyy)	Date (dd-mmm-yyyy)

NOTICE ON PRIVACY & CONFIDENTIALITY PLEASE READ CAREFULLY AND RETAIN FOR YOUR RECORDS

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 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: 400-988 West Broadway, P.O. Box 5900, Vancouver, BC V6B 5H6, Attention: Director, 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 online at ia.ca or alternatively, contact us at 1.800.266.5667 and request that a copy be faxed or mailed to you.

SEND YOUR COMPLETED FORM TO:

SPECIAL
MARKETS
SOLUTIONS**Special Markets Solutions**Industrial Alliance Insurance and Financial Services Inc.
400-988 Broadway W, PO Box 5900, Vancouver, BC V6B 5H6

QUESTIONS?

Contact a Client Service Specialist at:

1.800.266.5667 (toll-free)**604.737.3802** (Vancouver)**solutions@ia.ca**

Monday to Friday 6:30 a.m. - 4:30 p.m. Pacific Time