

INSTRUCTIONS FOR COMPLETION:

Part A

Complete this section in full, including the employee's statutory notice period under the provincial *Employment Standards Act*.

A separate form must be completed and submitted for each employee for whom an extension of benefit coverage is being requested.

Part B

Select the option that is applicable to the employee's situation.

Option 1:

Applies to employees who will only receive coverage for the statutory notice period under the provincial *Employment Standards Act*. All benefits for which the employee is insured at the time of the employee's termination will be continued for the statutory notice period. **Do not complete Part C.** Industrial Alliance will not return this form to you. Coverage for all benefits will be automatically extended for the statutory notice period as specified under the provincial *Employment Standards Act*.

Since this form will not be returned, we recommend you keep a copy for your records. The form will be processed by Industrial Alliance as submitted, as long as the period indicated complies with the statutory notice period under the provincial *Employment Standards Act*.

Option 2:

Applies to employees for whom you wish to extend **ALL benefits** in accordance with the provincial *Employment Standards Act*'s statutory notice period, **PLUS** a further period beyond the end of the *Employment Standards Act*'s statutory notice period. **You must indicate the period beyond the statutory notice period for which benefits are to be extended and also complete Part C for this option.**

Option 3:

Applies to employees for whom you wish to extend **ONLY selected benefits** from the date of termination. **You must indicate the date benefits are to be extended to and also complete Part C for this option.**

Part C: To be completed when Option 2 or 3 is selected.

Please indicate with a checkmark which benefits are to be extended. **Only those benefits** for which the employee is insured as at the date of the employee's termination may be extended.

Please **DO NOT** enter information in the columns "Approved" or "Declined." **These sections will be used by Industrial Alliance to indicate its decision for each benefit you have requested that an extension of coverage be provided for.** If we do not agree to extending a requested benefit for the period requested, the date we agree to extending the benefit to will be indicated under the column "Approved with a revised termination date."

Part D

Please sign and date the form and print your name, job title and email address.

Where to send the form

Send the form to one of the two following addresses according to your administrative office:

Montreal
Group Administration
PO Box 790, Station B
Montreal, Quebec H3B 3K6

Toronto
Group Administration
522 University Avenue, Suite 400
Toronto, Ontario M5G 1Y7

You can also send your form by email to groupinsurance@inalco.com or by fax to 1-877-392-6487.

Please note that for Options 2 and 3, a signed copy of the form will be returned to you indicating Industrial Alliance's decision regarding your extension request.