

## REQUEST FOR EXTENSION OF INSURANCE

### PART A – POLICYHOLDER/EMPLOYEE INFORMATION (Please print clearly – complete in ink.)

Policyholder's name (Employer/organization) \_\_\_\_\_ **Group policy no.** \_\_\_\_\_

Employee's name \_\_\_\_\_ **Certificate no.** \_\_\_\_\_

Hire date: \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ Termination date \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_

Reason for termination: \_\_\_\_\_

Entitlement under the *Employment Standards Act* (ESA) of \_\_\_\_\_ = \_\_\_\_\_ weeks  
Province

Benefits extended for: ☐ Employee only ☐ Employee & eligible dependents

### PART B – BENEFIT EXTENSION REQUEST

**Option 1** ☐ Coverage for all benefits during the provincial *Employment Standards Act*'s statutory notice period only.

**Option 2** ☐ Coverage for all benefits during the provincial *Employment Standards Act*'s statutory notice period, plus further extension.

**Period of extension**

From \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ to \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ inclusive.

**Date the *Employment Standards Act*'s statutory notice period ends**

**You are required to complete Part C.**

**Option 3** ☐ Coverage from the date of termination to \_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_ or **specified benefits only. You are required to complete Part C.**  
**Date benefit extension ends**

### PART C – BENEFITS REQUESTED (subject to review & approval by Industrial Alliance)

To be completed by the policyholder	To be completed by Industrial Alliance			
Benefit	Approved	Approved with a revised termination date as set by Industrial Alliance	Declined	Completed by
<input type="checkbox"/> Basic life insurance: <i>The waiver of premiums provision is not extended.</i>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	_____
<input type="checkbox"/> Dependent life: <i>The waiver of premiums provision is not extended.</i>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	_____
<input type="checkbox"/> Accidental death & dismemberment: <i>The waiver of premiums provision is not extended.</i>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	_____
<input type="checkbox"/> Supplementary health insurance: <i>Coverage for out of Canada expenses is not extended</i>	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	_____
<input type="checkbox"/> Dental care:	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/> _____	<input type="checkbox"/>	_____

The amount of coverage for each benefit will be as stated under the group policy. Premiums must continue to be paid for the period of extension. Failure to pay premiums when required will result in the automatic termination of extended benefits.

By signing this form, Industrial Alliance agrees to extend benefits as outlined above for the named employee until the earliest of:

- The date the agreed benefit extension period ends (indicated above).
- The date the employee becomes insured under another group policy.
- The date the group policy terminates, or with respect to a specific benefit being extended, the date the benefit should terminate.

### PART D – AUTHORIZED SIGNATURES

Authorized policyholder signature \_\_\_\_\_ Name & job title (please print) \_\_\_\_\_ Email \_\_\_\_\_   
\_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_   
Date

Industrial Alliance \_\_\_\_\_   
\_\_\_\_\_ Y \_\_\_\_\_ M \_\_\_\_\_ D \_\_\_\_\_   
Date

## 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](mailto: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.