

# KIDS PLUS™ ACCIDENT INSURANCE ENROLMENT FORM

Please complete in full and print

School Board or Name of School (if applicable)

## CONTACT INFORMATION MUST BE COMPLETED BY A PARENT OR LEGAL GUARDIAN IF ENROLLING A CHILD/CHILDREN

Last Name	First Name		
Telephone			
Street Address	City	Prov.	Postal Code
Email			Language Preference
			<input type="radio"/> English <input type="radio"/> French

Yes, Industrial Alliance may contact me electronically with information regarding its products, promotions and services.(You can withdraw your consent and unsubscribe at anytime by emailing us at kidsplus@inalco.com and putting the word "unsubscribe" in the subject heading of your email.)

**DON'T ENROL TWICE! NOTE:** 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
				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult
				<input type="radio"/> M <input type="radio"/> F	<input type="radio"/> Child <input type="radio"/> Adult

## PLAN CHOICE THIS AREA MUST BE COMPLETED


INSURED TYPE	ACTIVE PLAN	VALUE PLAN	ADULT PLAN
<b>CHILD</b> (each) [6 months to 19 years of age]	<input type="radio"/> \$ 31.95 <b>OR</b>	<input type="radio"/> \$ 13.50	N/A
<b>THREE OR MORE CHILDREN</b> [6 months to 19 years of age]	<input type="radio"/> \$ 87.90 <b>OR</b>	<input type="radio"/> \$ 37.25	N/A
<b>ADULT</b> (each) [20 – 64 years of age]	N/A	N/A	<input type="radio"/> \$ 27.50
<b>Total One-Time Cost</b>	\$		

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


**PAYMENT INFORMATION** PLEASE DO NOT SEND CASH

Please choose one of the following payment options:

**Cheque/Money Order** – made payable to INDUSTRIAL ALLIANCE.

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

**OR**

 \_\_\_\_\_

**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** \_\_\_\_\_

**Signature of Contact Person** \_\_\_\_\_ **Date (dd-mmm-yyyy)** \_\_\_\_\_  
(must always sign)

**PLEASE SEND YOUR COMPLETED FORM TO:**

Kids Plus™ Accident Insurance  
P.O. Box 5430 Stn Terminal, Vancouver BC V6B 5H6  
Or Fax Toll-Free 1-888-553-5433

**QUESTIONS?** Contact Industrial Alliance toll-free at **1-800-556-7411**,  
Monday to Friday from 6:30 a.m. to 4:30 p.m. PST  
or by email at **kidsplus@inalco.com**

FOR OFFICE USE ONLY	
Board/School Name  _____	
Board Number  _____	Policy Number Issued  _____
Date Received (dd-mmm-yyyy)  _____	Processed by  _____

# KIDS PLUS™ ACCIDENT INSURANCE INFORMATION SHEET

Please read carefully  
and retain for your records

## IMPORTANT INFORMATION ABOUT YOUR KIDS PLUS™ ENROLMENT

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1. Industrial Alliance will mail you your policy documents once your enrolment has been processed.
2. Coverage is effective the date your completed enrolment and payment are received by Industrial Alliance (but not before September 1, 2014) and expires September 30, 2015.
3. Rates shown are a single one-time annual cost. Industrial Alliance offers a 30 day money back guarantee from your effective date.

## NOTICE ON PRIVACY & CONFIDENTIALITY

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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. employees, its reinsurers, third party administrators, mandataries, agents or brokers of Industrial Alliance, plan sponsors and any agents or brokers of such sponsors or other market intermediaries who are responsible for (a) sponsoring a plan for you, (b) marketing and administration of products or services, (c) assessment of risk (underwriting) and (d) investigation of claims. **Your file will be kept in Industrial Alliance's 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 our website [www.kidsplus.ca](http://www.kidsplus.ca) or alternatively, contact us at 1-800-266-5667 and request that a copy be faxed or mailed to you.

## UNDERWRITTEN BY:

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

## QUESTIONS?

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