



# IAP Kids Plus™ Accident Insurance Enrolment Form

Please print in ink

SCHOOL BOARD NAME (IF APPLICABLE): \_\_\_\_\_

<b>CONTACT INFORMATION</b> <i>(must be completed by a Parent or Legal Guardian if enrolling a child(ren))</i>			
LAST NAME	FIRST NAME	TELEPHONE NO. (    )                      -	
APT. NO.	STREET ADDRESS	CITY	PROV      POSTAL CODE 
EMAIL ADDRESS			LANGUAGE PREFERENCE <input type="checkbox"/> English <input type="checkbox"/> French
<b>DON'T ENROL TWICE !    NOTE: No need to complete if you have submitted your renewal application.</b>			

<b>LIST THE NAMES OF ALL INSUREDS (this area MUST be completed)</b>														
LAST NAME	FIRST NAME	DATE OF BIRTH								AGE	SEX M/F	INSURED TYPE		NAME OF SCHOOL (IF APPLICABLE)
		D	D	M	M	M	Y	Y	Y			Y	CHILD	

<b>YEAR 'ROUND COVERAGE</b>			
INSURED TYPE	ACTIVE PLAN	VALUE PLAN	ADULT PLAN
<b>CHILD</b> (each) [under 20 years of age]	<input type="checkbox"/> \$31.95	<input type="checkbox"/> \$13.50	N/A
<b>THREE OR MORE CHILDREN</b> [under 20 years of age]	<input type="checkbox"/> \$87.90	<input type="checkbox"/> \$37.25	N/A
<b>ADULT</b> (each) [20 – 64 years of age]	N/A	N/A	<input type="checkbox"/> \$27.50
• ALL RATES SHOWN ARE SINGLE, ONE-TIME PREMIUM PAYMENT.		<b>TOTAL ONE-TIME COST</b>	\$

<b>PAYMENT OPTIONS    Please do not send cash</b>	
<input type="checkbox"/> CHEQUE/MONEY ORDER MADE PAYABLE TO <b>INDUSTRIAL ALLIANCE PACIFIC</b>	<input type="checkbox"/> <input type="checkbox"/>
CREDIT CARD NO. 	EXPIRY DATE M   M   Y   Y   Y   Y

I acknowledge receipt of the Notice on Privacy and Confidentiality (Page 2) concerning privacy practices and consent to collection, use and disclosure of my personal information for the purposes specified.

**Please Sign:** \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Contact Person (must always sign)

Mail to: **IAP Kids Plus™, Industrial Alliance Pacific, P.O. Box 5430 Stn Terminal, Vancouver, BC V6B 5H6**  
or Fax Toll-Free: **1-888-553-5433**

<b>HEAD OFFICE USE ONLY</b>	
Board Name	Policy No.
Board No.	



***NOTICE ON PRIVACY AND 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 any renewal 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 Pacific Insurance and Financial Services Inc. ("IAP") employees, reinsurers, third party administrators, mandataries, agents or brokers of IAP, 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 IAP'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, B.C., V6B 5H6, Attention: Manager, Group Administration, Special Markets Group. 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.iapacific.com](http://www.iapacific.com) or alternatively, contact us at 1-800-556-7411 and request that a copy be faxed or mailed to you.

***UNDERWRITTEN BY***

Industrial Alliance Pacific Insurance and Financial Services Inc.  
Special Markets Group  
2165 Broadway W., P.O. Box 5900  
Vancouver, BC V6B 5H6  
**1-800-556-7411**  
**[iapkidsplus@iapacific.com](mailto:iapkidsplus@iapacific.com)**