A French version of this document follows as required by the *Charter of the French language*, and **should not be completed**.

ENROLMENT REQUEST

ACTIVE MEMBERS OF QPAT

This form must be completed and signed by the plan member and the plan administrator (employer) before being sent to iA Financial Group.

Mail: Administration
PO Box 790, Station B
Montreal, QC H3B 3K6

Fax: 1-888-780-2376

TO BE COMPLETED AND SIGNED BY THE PLAN ADMINISTRATOR (Please print in ink)

School Board's name ______________________ **Group policy no:** ☐ 97000 ☐ 97001

Division no. ____________ Class no.: ☐ Full time 100 ☐ Part-time 200 Certificate no. to be assigned by the insurer

Employee no. ____________ Eligibility date (Y M D) ____________ Gross annual salary $ ____________

Plan administrator's signature **X** ______________________ Date (Y M D) ____________

Plan administrator's email ______________________ Tel. no. ____________

TO BE COMPLETED AND SIGNED BY THE PLAN MEMBER (Please print in ink)

Note: Please keep a copy of this form for your records.

1. PLAN MEMBER INFORMATION

First name ______________________ Last name ______________________

Date of birth (Y M D) ____________ Gender: ☐ M ☐ F Language: ☐ E ☐ F

Address ______________________ Postal code ____________
No. Street Apt. City Province

Email* (optional) ______________________

Direct deposit of your health claim reimbursements and notification of claim processing

Banking information for direct deposit: ____________ Transit no. (5 digits) ____________ Institution no. (3 digits) ____________ Account no.

☐ I want to be notified by email of the status of my claims ☐ I do not want to be notified

* Your email address will not be sold to or shared with any third party, unless otherwise authorized.

2. CHOICE OF BENEFITS *(For optional benefits, evidence of insurability may be required, depending on the amounts requested)*

	Full-time teacher	Part-time teacher
Health insurance • Plan member only • Plan member and spouse • Plan member and children • Plan member, spouse and children	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐ **Type of coverage for dependents** ☐ Prescription drugs only ☐ Full coverage
☐ **Exemption –** I refuse health insurance coverage because I am covered as a dependent under my spouse's plan. Spouse's name ____________ Insurer ____________ Policy no. ____________		
Plan member's basic life insurance (optional) ☐ None, or choose from 1 to 6 units of $25,000	☐ Add ________ units	☐ Add ________ units
Plan member's additional life insurance (optional) ☐ None, or choose from 1 to 4 units of $25,000 * You need to select 6 units of basic life insurance to be eligible for additional life insurance.	☐ Add ________ units*	☐ Add ________ units*
Dependents' life insurance (optional) • None • Spouse only • Children only • Spouse and children	☐ ☐ ☐ ☐	☐ ☐ ☐ ☐
Plan member's critical illness insurance (optional) ☐ None, or choose from 5 to 100 units of $5,000	☐ Add ________ units (minimum: 5 units)	☐ Add ________ units (minimum: 5 units)
Spouse's critical illness insurance (optional) ☐ None, or choose from 5 to 100 units of $5,000	☐ Add ________ units (minimum: 5 units)	☐ Add ________ units (minimum: 5 units)
Children's critical illness insurance (optional) ☐ None, or choose from 1 to 2 units of $5,000	☐ Add ________ units	☐ Add ________ units

Long-term disability insurance

Full-time teacher	Mandatory benefit
Part-time teacher	**Optional benefit** – Do you want this coverage? ☐ Yes (no evidence of insurability required) ☐ No (see note below) ⚠ If you refuse this coverage and wish to request it at a later date, evidence of insurability will be required. Your eligibility for this coverage will depend on your health condition at the time of your request. Only exception: no evidence of insurability will be required in the case of a life event (marriage or other) if you submit your change request within 31 days of the life event.

3. DEPENDENTS INFORMATION *(To be completed if you are insuring your dependents for life or health insurance)*

First name	Last name	Gender	Date of birth	
Spouse		☐ M ☐ F	Y M D	Date of marriage: Y M D OR cohabitation since: Y M D
Child		☐ M ☐ F	Y M D	If age 18 or over, specify ☐ Full-time student ☐ Disabled
Child		☐ M ☐ F	Y M D	If age 18 or over, specify ☐ Full-time student ☐ Disabled
Child		☐ M ☐ F	Y M D	If age 18 or over, specify ☐ Full-time student ☐ Disabled

[1] If your spouse is a common-law spouse, the cohabitation period must be minimum one year or less if a child is born of your union.

4. APPOINTMENT OF BENEFICIARY *(If you do not appoint a beneficiary, the benefit will be payable to the estate)*

If you name multiple beneficiaries, the total allocation must be equal to or less than 100%. If less than 100%, the difference will be payable to the estate. Please do not indicate dollar amounts.

First name	Last name	Relationship	Date of birth	%
			Y M D	
			Y M D	
			Y M D	

IMPORTANT: For Quebec residents only – to be completed if you appointed your legal spouse (by marriage or civil union) as a beneficiary. If your spouse is a common-law spouse, proceed to the next section. This box does not apply to you.

In Quebec, the designation of a legal spouse (married or civil union) as beneficiary is irrevocable*, unless you check the following box:

☐ Revocable beneficiary

* To change the appointment of an irrevocable beneficiary, his/her written consent will be required.

PLAN MEMBER CONFIRMATION/AUTHORIZATION

I HEREBY APPLY for the benefits which I am eligible for under my Employer's/Policyholder's group insurance plan, subject to any refusal indicated and **CONFIRM** that the information contained in this form is true and complete to the best of my knowledge.

I AUTHORIZE my Employer/Policyholder to make the required salary deductions for my group insurance plan.

If I enrol in direct deposit, **I AUTHORIZE** Industrial Alliance Insurance and Financial Services Inc. ("iA Financial Group") to deposit in my bank account any amounts payable in regards to a claim, using the banking information provided in this form. **I AGREE** that this authorization will apply until such time as I submit a written request to the contrary to iA Financial Group. **I UNDERSTAND** that iA Financial Group will have no further obligation with regard to the claims paid. **I UNDERSTAND** that iA Financial Group can, without prior notice, terminate the direct deposit of my claims payments. This authorization takes effect on the date indicated below and will be valid for all other active bank accounts at this or any other financial institution that I may name in the future.

I ALSO UNDERSTAND and **AGREE** that if I provide iA Financial Group with incorrect banking information or if I fail to notify iA Financial Group of any change in my banking information and, as a result of this error or omission, the amount of a paid claim is deposited into the wrong bank account, iA Financial Group cannot be held responsible or liable for this error or omission or be obligated to reimburse me if iA Financial Group is unable to recover the amount that was paid into the wrong account.

I AGREE that a copy of this Confirmation/Authorization shall be as valid as the original.

I ALSO DECLARE that I have received a copy of this Enrolment form in French, and I require that this form and any other related documentation be drawn up in English.

Please continue reading and please sign this section on the next page.

CONSENT – PROTECTION OF PERSONAL INFORMATION

Your personal information is important.

For **you**, because it involves your privacy. For **us**, iA Financial Group and its affiliates, because it allows us to better serve you day by day.

Protecting your personal information is important to us.

By doing business with us, **YOU AGREE** to the collection, use and disclosure of personal information necessary to:

— **Know who you are**. Identify you and keep your contact information up to date.

— **Build a relationship with you**. Advise you according to your needs, analyze your requests and identify the products and services that are right for you.

— **Maintain our relationship with you**. Administer your products and services and process your requests, complaints and claims.

— **Comply with the laws and manage risk**. For instance, with regard to cybersecurity or the fight against financial crime.

YOU CONFIRM that you are authorized to disclose to us information concerning your dependents and **YOU CONSENT**, on their behalf, to the collection, use and disclosure to your Employer/Policyholder, our employees, agents, reinsurers and service providers, of the information you have provided and that is necessary to benefit from your Employer's/Policyholder's group insurance plan.

We would like to do more, with your consent of course!

We wish to collect, use and disclose some of your personal information to get to know you better and understand your needs, interests and preferences. By agreeing, you enable us to be proactive in:

Improving our products and services and providing a distinctive client experience.

☐ **I agree** ☐ **I decline**

Keeping you informed of our promotions, products, services, contests and events that may be of interest to you.

☐ **I agree** ☐ **I decline**

You may review your choices at any time.
For more information, visit ia.ca/protection-personal-information.

We want to inform you.

Under certain conditions, we may collect or disclose your personal information with your Employer/Policyholder, or any other third party, **if and only if** this collection or disclosure:

— is necessary to serve you, or

— is made in respect of the choices you have made, or

— is in accordance with the law.

We are committed to sharing only necessary information.

To learn more, please refer to the **Privacy Notice** attached.

Plan member's signature ______________________________ Date Y | M | D

PRIVACY NOTICE

1. Your personal information is precious

We, iA Financial Group and its affiliates[1], are doing everything we can to protect the personal information you entrust to us. That is why we are committed to continually reassessing our practices, keeping them up to date and in line with the high standards regarding your privacy and management of your personal information.

2. What we are doing to protect your personal information

First and foremost, what constitutes personal information? It is information that concerns you and can be used to identify you, directly or indirectly.

2.1 We operate on the basis of 4 important principles

The following principles govern how we ensure your privacy:

- **Ensure secure management.** We implement good management and safeguard practices to secure your personal information and oversee its use.
- **Respect your rights.** You have rights related to the personal information we hold about you. You may exercise them at any time.
- **Be transparent.** We provide you with all relevant information about our privacy practices.
- **Act responsibly.** Our employees, suppliers and representatives (including our financial services advisors) must comply with our privacy practices. Our Chief Privacy Officer ensures that they do and that our practices are always up to date.

2.2 We only collect personal information that is necessary

From whom do we collect your personal information

We collect your personal information primarily from you. We may also collect it from others, depending on the circumstances and the products or services you have with us. For example:

- Your employer
- Public bodies
- Our representatives
- Personal references
- Credit bureaus and reporting agencies
- Other insurers, reinsurers or financial institutions
- Public and private insurance, fraud and claims databases
- Partners who distribute our products and services, such as independent brokers, specialized insurance coverage providers, travel agencies or car dealerships

A person who has or wishes to obtain a product or service from us may also disclose your personal information to us so that you can benefit from that product or service. For example, this person could add you as an insured person.

1 iA Financial Group is primarily composed of the following entities: iA Financial Corporation Inc., Industrial Alliance, Insurance and Financial Services Inc., Industrial Alliance Pacific General Insurance Corporation, Industrial Alliance Auto and Home Insurance Inc., Industrial Alliance Trust Inc., PPI Management Inc., Michel Rhéaume et Associés ltée (MRA), iA Advantages Damage Insurance Inc., SurexDirect.com Ltd., Prysm General Insurance Inc., iA Auto Finance Inc., iA Clarington Investments Inc., Industrial Alliance Investment Management Inc., iA Global Asset Management Inc., iA Private Wealth Inc., Investia Financial Services Inc., IA American Life Insurance Company, American-Amicable Life Insurance Company of Texas, iA American Warranty Corp., Dealers Assurance Company, iA American Warranty, L.P., WGI Service Plan Division Inc., WGI Manufacturing Inc., Lubrico Warranty Inc., National Warranties MRWV Limited, SAL Marketing Inc. The updated list is available on our website at the following address: ia.ca/about-us/group-of-companies.

How do we collect your personal information

We may collect your personal information in a number of ways, including:

- By phone
- In person
- Via our paper and online forms
- Via cookies, when you visit our websites

What personal information do we collect

We only collect the personal information necessary to fulfill the purposes outlined in this notice.

Here are some examples of personal information we may collect:

Categories	Examples
Identification information	Name, date of birth, mailing address, email, phone number, marital status, government identifiers (passport number, driver's licence number, etc.), social insurance number, citizenship, country of birth
Financial information	Income, salary, financial report, investments, information on financial products you have with us or elsewhere, investor profile, rent, mortgage, bank account, credit history and score
Health information	Medical records, medical information related to your claims, paramedical test results, medical history
Insurance information	Information on insurance policies you have with us or elsewhere, claims history, gender at birth, lifestyle habits, criminal record
Employment information	Employment status, current employer, former employers
Information about your assets	Vehicle, residence, recreational vehicle
Information about your family	Name, age, financial situation and health status of your spouse, children or parents

We may also create or infer information from the personal information we collect. For example, we may create a client profile or identifier for you. This information is considered personal information. We manage and protect it in accordance with the same practices as the rest of your personal information.

2.3 We collect your personal information for specific purposes

We collect, use, disclose and retain your personal information solely for the purposes outlined in this notice. We will inform you of the intended purposes at or prior to the time we collect your personal information.

The following purposes may be essential to our relationship with you, depending on the products and services you request:

Categories	Specific purposes
Know who you are	– Verify your identity – Keep your contact information up to date – Recognize you through iA Financial Group – Verify that your personal information is accurate

Categories	Specific purposes
Build a relationship with you	– Contact you if you request it and answer your questions – Understand your needs and your profile to advise you – Analyze your requests for products or services – Determine whether you are eligible for a product or service, and if it is right for you – Determine the cost of a product or service you request
Maintain our relationship with you	– Day-to-day administration of your contracts, for example, amending them or informing you of changes in your investments – Process your payments – Process your insurance claim, transaction or any other contract-related requests – Handle any complaints or dissatisfaction – Transfer your contracts to or from another financial institution – Transfer your file to another representative, if necessary
Comply with laws and manage risk	– Detect, prevent and contain fraud and unauthorized or illegal activities, such as money laundering and cyber threats – Monitor business practices to ensure that they are sound – Verify transactions – Adequately train our employees and representatives – Comply with our legal obligations and the requirements of courts, regulatory authorities or self-regulatory organizations – Have certain risks insured by another insurer (reinsurance)

Some purposes are optional for doing business with us. You can consent to them to benefit from a distinctive client experience and to obtain offers tailored to your needs.

We must obtain your consent to collect, use, disclose and retain your personal information for the following purposes:

Categories	Specific purposes
Improve our products and services and provide a distinctive client experience	– Acknowledge your differences and similarities with respect to our other clients – Understand how our digital tools and websites are used in order to improve them – Consult with you to gain more insight into your experience, reactions and interactions with us – Keep up with the various stages of your life to make our products and services even more useful and effective over the course of our relationship with you – Allow all our clients to benefit from the lessons gleaned from you as we work to improve our client experience – Make it easier for you to enter your information when requesting a product or service (e.g., automatically fill in certain fields)
Keep you informed of our promotions, products, services, contests and events that may be of interest to you	– Understand the product and services portfolio you have with iA Financial Group in order to offer you relevant products and services that are adapted to your reality – Contact you at the right time, in the right way – Offer you benefits or advantageous pricing based on the products or services you have with iA Financial Group – Keep you informed of contests or other promotional events that may be of interest to you

2.4 We may share your personal information with other individuals or organizations

To whom may we disclose your personal information

In order to fulfill the purposes outlined in this notice, we may sometimes need to share your personal information with other individuals or organizations.

For example, we may share it with the following third parties:

– Your financial services advisor

– A person who has a product or service with us from which you are benefitting

– Other iA Financial Group entities and their representatives

– Credit bureaus and reporting agencies, such as Equifax or TransUnion

– Public and private insurance, fraud and claims databases

– Public bodies, such as the Société de l'assurance automobile du Québec or health care institutions

– Other insurers, reinsurers and financial institutions

– Your employer, union or association

– Partners who distribute our products and services, such as independent brokers, general agents, specialized insurance coverage providers, travel agencies or car dealerships

– Suppliers, for example of document printing, delivery or data storage services

– Courts, regulatory authorities or self-regulatory organizations

– Fraud prevention and management organizations, for example, law enforcement agencies

We may disclose your personal information outside of Canada

We store your personal information primarily in Canada, but we may sometimes disclose it to parties outside of Canada. For example, if we are doing business with a supplier based in another country. In this case, we contractually ensure that our supplier meets our expectations in terms of managing and protecting your personal information. Before we transfer your personal information outside of Canada, we ensure that it is adequately protected.

We may also disclose your personal information to another Canadian province or territory.

2.5 We obtain your consent, except in certain cases prescribed by law

When do we obtain your consent

We obtain your consent before we collect, use or disclose your personal information. We may obtain consent directly from you. It may also be obtained from another person, such as your financial services advisor, employer, car dealer, etc.

We will request your consent again if we wish to use or disclose your personal information for a purpose to which you have not consented.

When do we not request your consent

In some cases, the law permits us to collect, use or disclose your personal information without your consent.

Here are a few examples:

– Disclosing your personal information to suppliers for a purpose outlined in this notice, to provide you with the requested product or service

– Conduct statistical studies using de-identified personal information, where permitted by law

– Take appropriate action if we detect potential fraud

– In Quebec only: Using your personal information if it is clearly for your benefit or for purposes related to those to which you have already agreed

– Outside of Quebec: Using or disclosing your personal information if it is clearly for your benefit and we are unable to obtain your consent

We may also be required by law to disclose personal information. For example, if ordered by a court or requested by a regulatory authority or a self-regulatory organization.

2.6 We retain your personal information for a limited time

We retain your personal information only as long as necessary to:

- Fulfill the purposes for which we collected it, and
- Meet our legal obligations

We have implemented a retention schedule. It guides us as to how long we should keep each type of personal information, depending on the context. We destroy personal information once the retention period has elapsed. The duration of this period depends, among other things, on our legal and regulatory obligations and on the time needed to protect our rights in the event of legal recourse.

We may anonymize certain personal information before destroying it and retain a copy. Once the information is anonymized, it can no longer be used to identify you and is therefore no longer deemed personal. We use it, among other things, to improve our product pricing, identify trends and establish performance indicators.

2.7 We respect your privacy rights

Manage your consent preferences

You may review and change your consent preferences for the collection, use and disclosure of your personal information at any time. Please be aware, however, that we will no longer be able to offer you our products and services if you withdraw your consent for a purpose that is essential to our relationship with you (See the section *We collect your personal information for specific purposes* for further details).

For optional purposes, you may withdraw your consent at any time without adversely affecting our relationship with you.

You can contact us to withdraw your consent for the following purposes:

- Improve our products and services and provide a distinctive client experience
- Keep you informed of our promotions, products, services, contests and events that may be of interest to you

Withdrawing your consent may take up to 30 days to be processed and applied.

Accessing, rectifying or deleting your personal information

You have several rights regarding the personal information we hold about you. You may exercise them at any time.

Know whether we hold personal information about you	You can ask us: – If we hold personal information about you – How your personal information was collected, used and disclosed – If another person or organization holds your personal information for us
Access your personal information	You may ask to access the personal information we hold about you. You can also obtain a copy, but you may have to pay a reasonable fee for it. In some cases, we are unable to provide you with the requested information. For example: – We share certain medical information with your health care professional. This person can then explain it to you correctly. – We cannot give you information that would reveal information about another person.
Rectify your personal information	You can request that we rectify your personal information if it is incomplete or inaccurate. You can also update it if it has changed.
Delete your personal information	You can request that we delete your personal information. Our response will depend on the situation. If we have fulfilled the purposes for which the personal information was collected, we will delete it. However, we may retain it in order to meet our legal and regulatory obligations and protect our rights in the event of legal recourse. If we have not yet fulfilled the purposes for which the personal information was collected, we will delete the information that is out of date, inaccurate, incomplete or no longer required. If you request that we delete the rest of your personal information, we will no longer be able to offer you our products and services.

You may submit a written request to exercise any of your rights in relation to your personal information. You will receive our written response within 30 days. If we deny your request in whole or in part, we will provide you with several pieces of information:

- Reasons for the denial
- The references of the laws and regulations that justify this denial
- Your right to challenge this denial before the privacy regulatory authority of your province or territory
- Timeframe for appealing the denial

Filing a complaint

You may file a complaint if you feel that we have mishandled your personal information.

We invite you to contact us first if you wish to file a complaint. We will take the time to analyze your complaint and work with you to resolve the situation.

You can also file a complaint with the privacy regulatory authority of your province or territory.

3. How to contact us regarding your privacy

You can contact us in writing at the addresses below to:

- Submit a request to access, rectify or delete your personal information
- File a complaint about the handling of your personal information
- Request assistance, send us a comment or ask any question related to your privacy

Make sure you provide us with all the information we need to follow up on your request.

By email: privacyofficer@ia.ca

By mail: Office of iA Financial Group Chief Privacy Officer
1080 Grande Allée West
PO Box 1907, Station Terminus
Quebec City, Quebec G1K 7M3

4. If we update this notice

We regularly update our practices to bolster them and ensure that they reflect changing privacy laws, regulations and standards. We will notify you on our website of any material changes to this notice.