



Creditor Life Critical Illness Sickness & Accident Remittance

For the month of

M	M	Y	Y	Y	Y

Group Policy Number _____

Creditor (Dealership/Financial Institution) _____

Mailing Address _____

City _____ Province _____ Postal Code _____ Telephone # (____) _____

Certificates Issued and attached to this report (List the Certificate Numbers Below)

Gross Premium Written \$ _____

Deduct Cancellations (List below and attach copies)

Gross Cancellations \$ _____

Net Premium Remitted \$ _____

Please make cheque payable to the Insurer: Industrial Alliance Insurance and Financial Services Inc. Cheque # _____

FOR SALES TO ONTARIO AND MANITOBA RESIDENTS

Taxes remitted to the province's finance department on behalf of iA. _____ \$ _____
Initials

Voided Certificates (attach all copies to this report)

Prepared by _____ Title _____ Date

M	M	D	D	Y	Y

Please mail to iA by the 10th working day of each month (Monthly Premium Products should be mailed weekly).

INTERNAL USE ONLY	Date	Prem. Processed	Compensation	User Id
	Totals:			

**RETURN TOP TWO COPIES TO: 2165 BROADWAY W, P.O. BOX 5900 VANCOUVER BC V6B 5H6
DEALER TO RETAIN PINK COPY**