

Member Guide

ONLINE ENROLMENT

Completing your enrolment through My Client Space





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Part 1 – Create your access code and password for My Client Space

You will receive an email from iA Financial Group inviting you to create your account in My Client Space and complete your enrolment.

Step 1: Online registration

— Go to the following link: <u>ia.ca/registrationkey</u>

Step 2: Basic information

- Enter your first and last name, date of birth and postal code.
- Click on **Continue**.

Financial Group My Cli	ent Space 1 — 2 — 3
Register as a	
Client Plan	administrator Company
First name	Last name
First name	Last name
Date of birth Month Day Postal code for corresp	Year
A0A 0A0	Canada 🔹
Continue	ancel

Step 3: Activation key

- Enter your activation key, provided in the email from iA Financial Group. Note: No other information can be updated at this screen.
- Click on **Continue**.

Step 4: Access code, password and security questions

- Enter your email, choose your password and your security questions.
- Read and accept the terms of use.
- Click on **Continue**.

Some	security	basics
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Email (This will be your access code) 🕜
test@ia.ca
Password
•••••
Password confirmation
••••••
Security questions
Should you have trouble logging in, these security questions will be used to assist you. 💡
Question no 1
Who was your childhood hero?
Answer no 1
Superman
Question no 2
In what year was your father born?
Answer no 2
1943
Question no 3
In what year was your mother born?
Answer no 3
1943 ×
Continue

Step 5: Registration confirmation

You have now created an account and your new access code will appear on the screen. Make note of your access code and password as they are required to log into My Client Space.

Click on LOG IN to access My Client Space and complete your enrolment.

OR

You can go to <u>ia.ca/myaccount</u> anytime.

Your account has been successfully created!



Your access code is now: tester@ia.ca

What you should do now

- Note your access code for future use
- · Log on to our secure website
- Review and update your personal information

LOG IN

Step 6: My Client Space login

- $-\!\!-\!\!$ Log into My Client Space using the access code and password you created.
- Click on Sign In.

Financial Group	
Are you interested in iA Financial Group products an	d services? For more information, <u>go to ia.ca</u>
My Client Space	
Sign in Access code or email Forgotten access code? Password Forgotten password? Remember my access code	Create account Quickly and easily get your access code. Ty our are already a client or partner and have never accessed the site, you can use this option to get your access code. You will have to answer some questions allowing us to validate your dentity. Create account

Step 7: Group insurance section

Click on the "Group Plan ###" link below the "GROUP INSURANCE" heading (Example: the link in this screenshot shows as "Group Plan 000011-000000501").



You will be directed to the online enrolment welcome page. The information box provides the target date in which the enrolment must be completed. If it is not completed by the date indicated, default benefits will be automatically applied.



To complete the enrolment, click on **Start my enrolment**.

Part 2 – Complete your online enrolment

Step 1: Verification of personal information

Each screen has an Information box that provides details to help you complete your selections.

The information on this screen has been added by the person in charge of the group insurance plan in your organization. Verify that the information is accurate and click on **Next** to continue. If information needs to be corrected, you will need to advise the person in charge of the plan once you have completed your enrolment.

PERSONAL INFORMATION	Please review your personal informat charge of your plan in your organizati	ion. If any information needs to on.	a be updated, contact the person in
	Name DEMO TEST Address , 1000 STREET, TORONTO (ON) MSG Annual salary S45,000.00 In the last 12 months, have you u nicotine or cannabis mixed with	Gender Male 15Y7 Issed, In any form whatsoever tobacco?	Date of birth January 1, 2000
	Previous		Next

Step 2: Dependents

If you have any eligible dependents, you must enter the required information by answering **Yes** to the question "Do you have dependents?" and then by clicking on \oplus **Add a dependent**.

Definitio	n of a dependent	
ŤŤ	A spouse Must meet one of the following condition • is married to you • is in a civil union with you • has been living with you for at least 12	s. months
**	A child • is your child or your spouse's child • is not married • depends on you • may or may not be living with you • and must meet one of the following co • is under 21 years of age • is under 25 years of age • has a disability	nditions: Leme student
Do you have o Yes Add a deper	lependents? No	
	Previous	

Complete the information required and click on **SAVE**.

Add a dependent	
First name	Last name
Gender O Female O Male	
Date of birth Month V DD YYYY	
Relationship O Spouse O Child	
Does this person already have coverage und insurance plan? ? O Yes O No	ler another group
Cancel	Save

If you do not have any dependents, simply answer **No**, then **Next** to continue.

There may be additional documentation required (late enrolment) if you wish to add dependents in your health and dental plan after the enrolment period (31 days of joining). Refer to the definition of a dependent.

Once you have entered all your eligible dependents, click on **SAVE** to continue.

A list of dependents added will appear for you to verify.

You can select the **pencil** to make any changes or the **garbage can** to delete any dependents. Click on **Next** to continue.

Yes	No		
diane day			1 1
Date of birth March 8, 1978	Relationship Spouse	Gender Fernale	Coverage under another plan None
bryan day			/ 1
Date of birth March 20, 2000	Relationship Child	Gender Male	Coverage under another plan None
Add a dependent			
Dear			Alexa

Step 3: Basic benefits

Some of your benefits may be mandatory which will be added to your cart automatically. Once you have reviewed the benefits and the cost, click on **Next**.

BASIC BENEFITS	\heartsuit	The following benefits are mandatory and have been added to your cart. To see the description of these benefits, download this document.	
Your total cost per pay: \$4.14	Life insurar	nce	
	For you		
	You pay		\$1.20
	For your depend	dents	
	You pay		\$0.54
	Short-term	disability	
	For you		
	You pay		\$0.62
	Long-term	disability	
	For you		1
	You pay		\$1.78
		Previous Next	

At any time throughout your enrolment, you may click on the cart if you wish to see the costs in more detail:

Cart				
Your cost	per			
Pay	Month			\$4.14
Life insura	nce			
				You pay
For you				\$1.20
Sales tax				\$0.00
Total				\$1.20
Dependent life insurance				
				You pay
For your depe	ndents			\$0.54
Sales tax				\$0.00
Total				\$0.54

Step 4: Health and dental

If you have added dependents, your coverage type choices will appear.

Note: If you have not entered any dependents, only **Individual** will be shown as a choice. Select your type of coverage and click on **Select**.

HEALT DENTA	H AND L	To see the description of the optic this document.	ons available to you and make a selection, download
۳۰ ۲	ur total cost per pay: \$4.14	This coverage is mandatory for you. It is also r covered under another group insurance plan.	nandatory for your dependents UNLESS they are already
		Individual Couple Single paren	t Family
		Dental	
		You pay	\$2.64
		Health	
		You pay	\$3.52
		Total cost	
		You pay	\$6.16
			Select
		Previous	Next.

The cost of your health and dental option is displayed. Click on **Next** to continue.

HEALTH AND DENTAL	To see the description of the optimis document.	ions available to you and make a selection, download
Your total cost per pay: \$24.15	This coverage is mandatory for you. It is also covered under another group insurance plan Individual Couple Single pare Your option	mandatory for your dependents UNLESS they are already nt Family
	Dental You pay	58.47
	Health You pay	\$11.54
	Total cost You pay	520.01
		Selected
	Previous	Next

Note: At anytime throughout your enrolment, you may click on **Previous** to change your options or information entered.

Step 5: Beneficiairies

If you wish to designate a beneficiary, you may enter the required information by answering **Yes** to the question and then by clicking on \oplus **Add a beneficiary**.

If you do not wish to designate a beneficiary, simply answer **No** and **the life insurance amount will be payable to your estate**.

BENEFICIARIES	(i)	By designating a beneficiary, you d amount under your group insurant	ecide who you want to receive the life insurance te in the event of your death. If you do not designate cost will be available to aver as take
Your total cost per pay: \$24.15	Would you li Yes	ke to designate a beneficiary?	oun mi de payadre o your exare.
		Previous	Next

- Complete the information required, click on **Save**.
- Repeat this process to add more than one beneficiary, until you reach the total of 100%.
- Once you have entered all beneficiaries, click on **Save**.

Add a benefi	Last name*	Relationship to you*	
		To choose	×
Date of birth Month Percentage* %	DD YYYY Type of designation* @ @Revocable		
	ncel	Saue	

If you want to designate contingent beneficiaries:

- Click on \oplus Add a contingent beneficiary.
- Repeat this process to add more than one contingent.
- Once you have entered all beneficiaries, click on **Save**.

If you do not wish to designate contingent beneficiaries, click on **Next** to continue.

BENEFICIARIE	S Would you like to de	signate a beneficiary?		
Your total cost per \$24	pay: .15 diane day	No		/ =
	Date of birth	Relationship to you Common-law spouse	Type of designation Revocable	Percentage
	Add a beneficiary			100.000%
	Contingent be	neficiaries		
	If you want, you can also Contingent beneficiaries death in the event all pr	 designate contingent benef are the individuals who wou mary beneficiaries die befor eneficiary 	claries. ld receive the life insuran e you.	ce amount upon your
	Prev	ious		Next

Step 6: Banking information

If you want to receive any claim reimbursement by direct deposit, you must provide your banking information and click on **Next** to continue.

If you do not wish to enter your banking information, simply click on **Next** to continue.

BANKING INFORMATION	To receive your reimbursemen must provide your banking info if you do not have this informa	it by direct deposit when submitting a claim online, you ormation. tion now, you can provide it later in My Client Space.
Your total cost per pay: \$24.15	Branch transit Financial institution Account Confirm your account Validate information	200 - 200 -
	Previous	Next

Step 7: Summary of choices

The Summary of choices page will appear. You can review the choices you have made and the details.

COMMARY OF	YOU'RE ALMOST E Please review your choice	NONE! s and confirm your enrolment at the bottom of this page.
	Personal information	i i i i i i i i i i i i i i i i i i i
	Name NANCY TEST1	Date of birth September 9, 1978
	Gender Male	Email nancy.bothelo@ia.ca
	Address 8 , D, QC, H7G 0KB	
	Life insurance	
		You pay
	For you	\$1.20
	Sales tax	\$0.00
	Total	\$1.20

If you wish to change any information, you can click on **Modify** next to the benefit you wish to update and you will be taken back to that benefit information. You can also click on the **Previous** button at the bottom of the page to return to the previous pages.

Dental - Family			/ Mo	dify
			. You p	ay
For you and your depend	lents		\$8.	47
Sales tax			\$0.	00
Total			\$8.	47
Health - Family			/ Mc	odify
			You p	■y
For you and your depend	lents		\$11.	54
Sales tax			\$0.	00
Total			\$11.	54
Dependents			/ Mo	odify
Name Emma De frias	Date of birth March 15, 20	10	Coverage under another plan Health: Family Dental: Family	
Gender Female	Relationship Child			
Beneficiaries			/ Mo	dify
Name diane day		Percentage 100.000%		
Relationship to you Common-law spouse		Designation ty Revocable	pe	
Direct deposit			🖋 Mo	dify
To benefit from direct o information. If you do r	leposit, notification and not have this informatic	d online claims, yo in now, you can p	u must provide your banking rovide it later in My Client Space	
four cost per				
Pay Mor			\$74	15

Once you have confirmed the information is accurate, click the check box in the **Confirmation/Authorization and Disclosure** section and click on **Confirm** to complete your enrolment.

st of your benefits is calculated based on: he current pricing for your group our choice of benefits
our eigebinity for benefits he addition or not of dependents our salary or more of the items changes, the cost of your benefits may be adjusted. S efits may be reduced or removed because of your age, the age of your dependents or other riteria.
Providence Captions
rteviuus. Coniirm

You will see a confirmation screen. **Congratulations! You have now completed the enrolment**.

You can also click on **Download the summary of your choices** to see a summary of the completed enrolment choices.



Enrolment follow-up process

You will have 31 days from the date the enrolment process began to complete your enrolment. Once you register to My Client Space, you will be directed to the enrolment screen and the information box will provide the target date in which the enrolment must be completed.



- 10 days prior to the target date, you will receive a reminder email to complete the enrolment.
- 5 days prior to the target date, you will receive another reminder email to complete the enrolment.
- If the enrolment is not completed by the target date, you will automatically be enrolled with the default benefits.

Questions? Need help?

Contact us.

1-877-422-6487

Monday to Friday, de 8:00 am to 8:00 pm (ET)

groupinsurance@ia.ca



INVESTED IN YOU.