



**Credit Life
Critical Illness
Sickness & Accident
Remittance**

For the month of

(M)	(M)	(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 Pacific Insurance and Financial Services Inc. Cheque # _____

ONTARIO DEALERS ONLY: Please indicate the amount of RST that you have remitted to the Ontario Ministry of Revenue for the certificates included in this remittance: \$ _____

Voided Certificates (attach all copies to this report)

Prepared by _____ Title _____ Date _____
Please Print (D D / M M / Y Y Y Y)

Please mail to IAP 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 / RETAIN PINK COPY**