Exam Deferral Request Form

This form only applies to

CIP, GIE, Risk Management, Ontario Adjuster, and CMGA exams

To request an examination deferral, please complete all below fields and submit this application form by the deadlines outlined in **our Examination Deferral policy**. Please attach your supporting documentation to the email with this deferral request form.

Note: If your deferral request is not approved, you may have the option to reschedule your examination to another available date within the current exam session if space permits. An administrative fee will apply.

Your request will be assessed and responded to by Member Services within 3-5 business days of receipt of this form with official supporting documentation.

This form must be accompanied by official supporting documentation (ex. letter from your employer, medical note, etc.) verifying your request for a deferral.

Member Information

First Name	Last Name	Telephone
Email *		Member ID
* I would like to receive future email communications from the Insurance Institute of Canada. I understand I can withdraw my consent at any time.		
Deferral Information		
Exam Month/Year	Course(s)	
Exam Date Exam Time	Exam Centre Location (i	f applicable):
Have you requested accommodations for the above noted Course Examination(s)? Yes No	Reason for Deferral	
	Consent	
	l understand that by submitting this form, I am confirming that I have read and agree to the Insurance Institutes Examination Rules & Regulations , including the Examinations Absence and Deferral Policy and Two Textbook Exam Policy.	Contact the Insurance Institute, Member Services with your questions or for more information!
	I understand that it is my responsibility to ensure I am using the correct textbook edition and obtain any textbook revisions or updates. A list of textbook editions and addendas can be found on our website .	Call: 1 866-362-8585
		Fax: 416-362-1126
Insurance Institute EMPOWERING INSURANCE CAREERS		Email: examdeferrals@insuranceinstitute.ca