GROUP CHANGE FORM – PLAN ADMINISTRATOR CHANGES

To be completed by Plan Administrator

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1.

Policy Number	Division Number	Policyowner (Company Name)	Plan Administrator Name

Business telephone	Fax	Plan Administrator email address

2. Type of Change Requested (select type of change and indicate the corresponding letter in the "Type of Change" column below)

A) Termination – Provide the last day worked For severance packages contact Empire Life for approval of extension of benefits (Note – WI and LTD are not eligible for extension)	**D) Change in Occupation or Class** – Provide details in Comments section
B) Reinstatement – Only within 6 months of termination of employment. If over 6 months, complete a new Group Enrolment Form.	**E) Advice of Overage Dependant attending college or university full-time** – Provide dependant name, date of birth, school name and location (country if not in Canada), start and end date of program
C) Salary change – Provide new amount in Comments section	**F) Other** – Provide details in Comments section

If more space is required, attach a separate sheet.

Certificate #	Employee name	Type of change (indicate letter)	Effective date (dd/mmm/yy)	Comments (provide details of change)

3. Signature of Plan Administrator

Signature	Date signed (dd/mmm/yy)
X	

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