

Employee Change Form

Adminplex Resource Services Inc.
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Employee's Name:	
Policyholder (Employer Name):	
Policy Number:	Certificate Number:

Employee Changes:	
Effective Date of the Change (mm/dd/yyyy):	
New Address:	
Name Change:	New First Name: _____ New Last Name: _____

Benefit Coverage Change:	
Effective Date of the Change (mm/dd/yyyy):	
Change Health Coverage to:	<input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Cancel
Change Dental Coverage to:	<input type="checkbox"/> Single <input type="checkbox"/> Family <input type="checkbox"/> Cancel

Adding/Removing Dependents:							
Add	Remove	Name (First, Last)	Gender (M/F)	Relationship to Insured	Date of Birth (mm/dd/yyyy)	S = F/T Student D = Disabled	Effective Date (mm/dd/yyyy)
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						

Reason For Change*:
 *Please indicate the reason you are adding or removing coverage ie. Marriage, loss or gain of spousal coverage, birth/adoption of a child, separation, common law (must be living together for a full year before your spouse will qualify), etc. **Use the actual date of the marriage, birth, legal common law date, etc as the effective date.**

Spousal Coverage Information:	
Does your spouse have any other Health or Dental coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please indicate the following:	<input type="checkbox"/> Health <input type="checkbox"/> Dental <input type="checkbox"/> Single <input type="checkbox"/> Family
Name of Spouse's Employer	Name of Insurance Company
	Policy Number

Beneficiary Change:		
Unless otherwise designated, the beneficiary appointment is 'Revocable'. If no beneficiary is designated, the beneficiary will be the estate of the deceased. Province of Quebec residents, note, the appointment of a spouse as beneficiary is considered 'irrevocable' unless the word 'revocable' is actually written after the spouse's name.		
Name (First, Last)	Relationship to Insured	Percentage %

Contingent Beneficiary (name, relationship, %):
 Trustee for Minor Beneficiaries*:

*Please note that a Trustee must be appointed for any beneficiary under the age of 18, or any benefit designated to them will be held until their 18th birthday.

 Employee Signature

 Date Signed (mm/dd/yyyy)