Clear Form

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):

[Clear] Change Health Coverage to: ☐ Single ☐ Family ☐ Cancel

[Clear] Change Dental Coverage to: ☐ Single ☐ Family ☐ 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)
[Clear]	☐	☐						
[Clear]	☐	☐						
[Clear]	☐	☐						
[Clear]	☐	☐						

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:

[Clear] Does your spouse have any other Health or Dental coverage? ☐ Yes ☐ No

If yes, please indicate the following: Health, Dental or Both _____ Single or 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.

This button will Save and Print - Please Sign and Return

_____ Employee Signature

_____ Date Signed (mm/dd/yyyy)