



EMPLOYEE CHANGE FORM

**All sections must be completed for processing

General Information

This section is to be completed by the plan administrator

For change of Dependent Status and change of Marital Status, please use the Employee Application form.

For Salary Changes and Member Terminations, please use the General Transaction form.

Organization _____ Division number: _____

Location #: _____

Employee: _____
last name first name middle initial

Certificate#: _____

Options: Beneficiary Change (complete the section below) **EFFECTIVE DATE:** _____
 Change of Name

Reason for Change: _____

Name Changed To: _____

Beneficiary Designation

This section is to be completed by the employee.

The original copy of this form will be required for a life claim.

If a beneficiary is not assigned "ESTATE" will be assumed

Please print clearly, in BLUE INK.

Beneficiary's Name(s)	Percent allocated	Relationship to Employee
_____	_____	_____
last name first name middle initial		
_____	_____	_____
last name first name middle initial		
_____	_____	_____
last name first name middle initial		

You may change a revocable beneficiary designation at any time. You may not change an irrevocable beneficiary designation or make certain changes to your plan without the written consent of the irrevocable beneficiary.

Note: Where Québec law applies and you have designated your married spouse or civil union spouse as beneficiary, the designation will be irrevocable unless you check the circle marked "Revocable" below.

I hereby make the above beneficiary designation: Revocable Irrevocable
(For Quebec employees only)

If designating a beneficiary who is a minor or who lacks legal capacity you may wish to appoint a trustee/administrator. If you are designating a trustee/administrator, we recommend you consult with a legal advisor.

I designate the person(s) names above under Beneficiary Designation as my beneficiary. I certify that the information in this form is true and complete, to the best of my knowledge. If applying for benefits for my dependents, I am authorized to release information concerning my spouse/common law spouse and my dependents for the purpose of determining their eligibility for benefits. If my social insurance number is used as my certificate number, I authorize use for the identification and administration of my group benefits. I authorize Canadian Benefit Administrators to make any and all inquiries relating to group benefits claims and administration on behalf of my dependents and myself.

Employee Signature Date

**Once completed, submit to:
Canadian Benefit Administrators
930 The East Mall
Etobicoke, Ontario M9B 6J9**