CANADIAN COUNCIL of CHRISTIAN CHARITIES

Canadian Benefit Administrators Ltd.

GENERAL TRANSACTION FORM

Policy:	**Division:**	**Location:**	**Organization Name:**

NAME OF EMPLOYEE (FIRST/LAST)	**EMPLOYEE CERTIFICATE OR ID #**	**ACTION CODE**	**EFFECTIVE DATE (YYYYMMDD)**	**REMARKS**

DATE: _____ AUTHORIZED BY: _____

TELEPHONE #_____

ACTION CODES:

A = ADDITION OF NEW MEMBER (ENROLMENT FORM(S) MUST BE ATTACHED)
T = TERMINATION
S = SALARY CHANGE (SHOW NEW AMOUNT OF FREQUENCY IN "REMARKS")
FREQUENCY: A = ANNUAL, M = MONTHLY, W = WEEKLY, B = BIWEEKLY
H = HOURLY (MUST SHOW NUMBER OF HOURS WORKED PER WEEK)
N = NAME CHANGE (COMPLETE EMPLOYEE CHANGE FORM)
D = DEPENDENTS CHANGE - SINGLE TO/FROM FAMILY (EMPLOYEE ENROLMENT FORM MUST BE ATTACHED)
M = MISCELLANEOUS (EXPLAIN REASON IN "REMARKS")