

CERTIFICATE NUMBER _____

MEMBER'S NAME _____

GROUP NUMBER _____ ROLL NUMBER _____ EMPLOYEE NUMBER _____

EMPLOYER NAME _____

MEMBER: Please complete the appropriate section(s) and return to your Plan Administrator.

1 - CHANGE OF MAILING ADDRESS

EFFECTIVE DATE _____
DD MM YYYY

MAILING ADDRESS - STREET/BOX NUMBER _____

CITY, TOWN AND PROVINCE _____ POSTAL CODE _____

2 - TERMINATION

DATE OF TERMINATION _____
DD MM YYYY

REASON _____

3 - CHANGE OF NAME (if due to marriage, section 4 must be completed)

FROM _____
NAME IN FULL

TO _____
NAME IN FULL

4 - ADDITION OF SPOUSE AND/OR DEPENDENT

NAME IN FULL _____

RELATIONSHIP TO MEMBER: (Please check)

- LEGAL SPOUSE
- COMMON-LAW SPOUSE
- CHILD
- COMMON-LAW CHILD
- OTHER _____

GENDER Male Female DATE OF BIRTH _____
DD MM YYYY

DATE OF MARRIAGE/
COHABITATION _____
DD MM YYYY

5 - DELETION OF SPOUSE AND/OR DEPENDENT (S)

NAME IN FULL _____

REASON _____ DATE _____
DD MM YYYY

