



GROUP POLICY CHANGE FORM

Policyholder _____

Group Policy No. _____

126 Commercial Avenue, Unit 7, Ajax, ON L1S 2H5
 Fax: (905)426-9844 Phone: (905)426-8850 or (800)265-4455

Name of Employee	Certificate No.	Effective Date of Change M/D/Y	Term	Reinst.	Annual Salary	Other Changes ie. Beneficiary, Marital, Dependent or Name Change Please attach Enrollment/Change form for dependent information.

Attachments:

- Beneficiary Form
- Enrollment/Change Form
- Decline Card

Remarks: _____

Signed by: _____

Position: _____

Phone No: _____

Date: _____