Employee Change Form

Adminplex Resource Services Inc.
30 Quarry Ridge Road, Barrie Ontario, L4M 7G1
1-800-565-2467 / 705-725-7009
Fax: 705-721-0352

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):			
Change Health Coverage to:	☐ Single	☐ Family	☐ Cancel
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)
☐	☐						
☐	☐						
☐	☐						
☐	☐						

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:

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.

_____ Employee Signature

_____ Date Signed (mm/dd/yyyy)