

EMPLOYEE STATUS CHANGE FORM



groupSource
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General Information

Company Name _____ Policy # _____

Employee Name _____

Employee ID # (as it appears on the billing statement) _____

Name Change

New name of employee _____

Reason for name change _____

Effective date of change _____
yyyy / mm / dd

Address Change

Apt # or House # & Street Address _____

City _____ Province _____ Postal Code _____

Effective date of change _____
yyyy / mm / dd

Dependent Change (please check box) Addition Deletion

Status	Last Name	First Name	Middle Name	Gender	Date of Birth			Relationship to Employee
				M / F	yyyy	mm	dd	
Spouse								
1st child								
2nd child								
3rd child								
4th child								

Reason for Dependent Addition or Deletion _____

Requested effective date of change _____
yyyy / mm / dd

Date of Marriage _____ yyyy / mm / dd Date Provincial Coverage became effective _____ yyyy / mm / dd

Common-Law Declaration: I have been living with and representing _____
Name of common-law spouse
as my spouse since _____
yyyy / mm / dd

Employee & Employer Authorization

Employee Signature _____ Date _____

Authorized Employer Signature _____ Date _____

groupSource is committed to protecting the confidentiality, accuracy and security of the personal information it collects and uses in the course of conducting business.