

## SELECTPAC GROUP INSURANCE ADJUSTMENTS

TO: THE CANADA LIFE ASSURANCE COMPANY

PO BOX 6000

WINNIPEG MB R3C 3A5 FAX #: (204) 946-8972

GROUP NAME		
POLICY NO	DIV. NO.	DATE
(Please Print) COMPLETED BY:		
AREA CODE & PHONE #: (	)	

EMPLOYEE NAME	I.D. NUMBER (When Known)	REASON CODE (See Below)	EFFECTIVE DATE OF CHANGE(S)	PLEASE INCLUDE DETAILS

PREPARE IN DUPLICATE
- ORIGINAL TO CANADA LIFE

- RETAIN DUPLICATE

## REASON CODES (Please insert the applicable Reason Code for each employee in the column above)

- 1 EARNINGS CHANGE
- 2 DEPENDANT Add coverage (include Date of Marriage/Cohabitation)
- 3 DEPENDANT Delete coverage
- 4 CLASS CHANGE
- 5 WAIVED BENEFITS (Attach Employee Change Form M6109)
- 6 TERMINATION Layoff or Leave of Absence
- 7 TERMINATION Employment
- 8 TERMINATION Employee cancels
- 9 DIVISION TRANSFER

- 10 NEW EMPLOYEE (Attach Enrolment
- Form M6108)
- 11 REINSTATEMENT (Attach Employee Change Form M6109)
- 12 BENEFICIARY CHANGE/NAME CHANGE (Attach Employee Change Form M6109)
- 13 OCCUPATION CHANGE

- 14 PROVINCE OF RESIDENCE CHANGE
- 15 PROVINCE OF WORK CHANGE
- 16 LOST OR REPLACE DRUG CARD
- 17 RETIREMENT DATE
- 18 OTHER