



## GROUP INSURANCE ADJUSTMENTS

TO: THE CANADA LIFE ASSURANCE COMPANY  
 MONTREAL GROUP POLICY ADMINISTRATION  
 M400  
 1350 RENE LEVESQUE BOULEVARD WEST  
 MONTREAL QC H3G 1T4  
 FAX 514.874.9918

PLAN SPONSOR		
PLAN NUMBER	DIV. NO.	DATE
(Please Print) COMPLETED BY: _____		
AREA CODE & PHONE #: (_____) _____		

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

PREPARE IN DUPLICATE  
 1 COPY TO GWL  
 1 COPY FOR YOUR RECORDS

**\* REASON CODES 1, 12 & 16  
 ARE NOT REQUIRED FOR  
 DIVISIONS MAINTAINED FOR  
 CLAIMS PURPOSES ONLY**

<b>REASON CODES (Please insert the applicable Reason Code for each plan member in the column above)</b>			
<b>1 – EARNINGS CHANGE*</b> <b>2 – DEPENDANT - Add coverage</b> (Attach Group Coverage Change Form M6190 or M6190(f)) <b>3 – DEPENDANT - Delete coverage</b> <b>4 – CLASS CHANGE</b> <b>5 – WAIVED BENEFITS [Attach Group Coverage Change Form M6190 or M6190(f)]</b>	<b>6 – TERMINATION - Layoff or Leave of Absence</b> <b>7 – TERMINATION - Employment</b> <b>8 – TERMINATION - Plan Member cancels</b> [Attach Group Coverage Change Form M6190 or M6190(f)] <b>9 – DIVISION TRANSFER</b> <b>10 – NEW PLAN MEMBER [Attach Application for Group Coverage Form M6191 or M6191(f)]</b>	<b>11 – REINSTATEMENT [Attach Group Coverage Change Form M6190 or M6190(f)]</b> <b>12 – BENEFICIARY CHANGE [Attach Group Coverage Change Form M6190 or M6190(f)]*</b> <b>13 – NAME CHANGE [Attach Group Coverage Change Form M6190 or M6190(f)]</b> <b>14 – OCCUPATION CHANGE</b>	<b>15 – PROVINCE OF RESIDENCE CHANGE</b> <b>16 – PROVINCE OF WORK CHANGE*</b> <b>17 – LOST OR STOLEN DRUG CARD</b> <b>18 – REPLACE OR ADDITIONAL DRUG CARD</b> <b>19 – RETIREMENT DATE</b> <b>20 – OTHER (Describe briefly)</b>