

GROUP INSURANCE ADJUSTMENTS

TO: THE GREAT-WEST LIFE ASSURANCE COMPANY
1901 SCARTH STREET
REGINA, SASKATCHEWAN S4P 4L4
FAX #: 306.751.6401
ATTN: REGINA MEMBER ADMINISTRATION

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**

REASON CODES (Please insert the applicable Reason Code for each plan member in the column above)

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