Pacific Employee Benefits Ltd.
PO Box 3249, 3756 First Avenue, Smithers,BC V0J 2N0
Telephone (250) 847-2883 Toll-free in BC 877-822-4209

Notice of Addition/ Change/ Termination

Reason for completion:

____Delete/ Terminating Employee (section 1)	____Birth Date Correction (sections 1 & B)	Group Policy Holder Name:
____Add Dependent (sections 1 & A)	____Name Change (sections 1 & C)	Group Policy Number:
____Delete Dependent (sections 1 & A)	____Reinstatement of Coverage (section 1)	Administrator Name:
		Administrator Signature: X

1) Group And Employment Information (Must be completed for all changes)

Division Name or Number	Employee ID number	Effective Date of Change (dd/mm/yy)	
Termination Date	Reason	Reinstatement Date	
Employee Name (Last/ First/ Middle)		Sex ___ Male ___ Female	Birth Date (dd/mm/yy)
Current / New Mailing Address	City	Province	Postal Code

A) Change Of Coverage Due To Change in Family Status

Required health coverage ____Single ____Family ____Waived*	Required dental coverage ____Single ____Family ____Waived*	If Spouse no longer has Health or dental, please indicate Effective date of coverage loss:	
Spouse name (Last/First/Middle)	Birth Date (dd/mm/yy)	Sex ____ Male ____ Female	
Child Name (Last/First/Middle)	Birth Date (dd/mm/yy)	Sex ____ Male ____ Female	Full-Time Student? (If older than 21) ___Yes ____No
Child Name (Last/First/Middle)	Birth Date (dd/mm/yy)	Sex ____ Male ____ Female	Full-Time Student? (If older than 21) ___Yes ____No
Child Name (Last/First/Middle)	Birth Date (dd/mm/yy)	Sex ____ Male ____ Female	Full-Time Student? (If older than 21) ___Yes ____No
Child Name (Last/First/Middle)	Birth Date (dd/mm/yy)	Sex ____ Male ____ Female	Full-Time Student? (If older than 21) ___Yes ____No

*You may only waive health or dental coverage if you are covered through your spouse's plan.

B) Birth Date Correction

Change applicable to: ___ Employee ____ Spouse ____ Dependent Children		
Spouse name (Last/First/Middle)	Birth Date (dd/mm/yy)	
Child Name (Last/First/Middle)	Birth Date (dd/mm/yy)	
Child Name (Last/First/Middle)	Birth Date (dd/mm/yy)	

C) Name Change

Current name in full (Last / First/ Middle)
New name in full (Last / First/ Middle)
Change applicable to: ___ Employee ____ Spouse ____ Dependent Children

2) Employee Declaration

I hereby confirm the above changes/modifications.

X _____ _____

Employee's signature required for changes in sectons A & B — Date