



NOTICE OF CHANGE

NAME OF EMPLOYER:	POLICY NO.:	EMPLOYER NO.:
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Codes : * *In Quebec, one must, according to the Act respecting prescription drug insurance (S.R.Q. A-29.01), remain insured for the maximum period of benefit stipulated in the insurance contract, when applicable.*

** *Indicate the date following the last day actually worked (in column date of modification) and specify the expected date of return (in column specification).*

*** *Employees residing outside of the province of Quebec retain no benefits.*

Please note that changes will be limited retroactively to 60 days.

Please ensure that we receive your Notice of Change Form before the 21st of the month.

<u>Code</u>	<u>Reason</u>	<u>Specification</u>
1	Enrolment (new employee)	Include Enrolment form, signed by participant (send original by mail)
2	Change of beneficiary	Include appropriate form, signed by participant (send original by mail)
3	Change of coverage	Indicate new coverage required (include Enrolment form if applicable)
4	Change of salary	New annual salary
5	Maternity, paternity or parental leave, with participation	Maintain all coverage **
6	Maternity, paternity or parental leave, without participation	* Maintain basic health insurance coverage only ** / ***
7	Leave of absence, with participation	Maintain all coverage **
8	Leave of absence, without participation	* Maintain basic health insurance coverage only ** / ***
9	Death	
10	Termination of employment	Indicate the date following the last day actually worked
11	Disability, illness or preventive withdrawal (pregnancy)	Indicate last day worked (maintain all coverage) **
12	Temporary layoff, with participation (return expected)	Maintain all coverage except disability **
13	Temporary layoff, with participation (return expected)	Maintain all coverage (only if recall clause) **
14	Temporary layoff, without participation (return expected)	* Maintain basic health insurance coverage only ** / ***
15	Return to work	Following a temporary layoff, work-related injury, disability, leave, etc.
16	Retirement	
17	Other	Specify

Name of Participant	Code	Date of Modification	Specification

Signature of Contract Administrator (required)

Signature	Date
Name in Capital Letters	() Telephone