



Use this form to help you capture changes for your plan members. Sections 1, 2, & 6 are to be completed by the Plan Administrator and Sections 3 through 6 are to be completed by the plan member, for applicable changes. The Plan Administrator should keep the original of the completed form and then sign into Online Administration to make application changes. For assistance on making the applicable changes refer to 'How to' feature from your home screen within Online Administration.

| 1. GENERAL INFORMATION | | | |
|---|---|--|--------------------------------------|
| This section is mandatory and must be completed by an authorized Plan Administrator. | Effective Date of Change: (yyyy/mm/dd) | | |
| | Name of Employer | | RBCI Policy No. Billing Division No. |
| | Plan Member Last Name | First Name | Initial Plan Member ID No. |
| 2. PLAN ADMINISTRATOR SECTION <i>Please check off appropriate box(es)</i> | | | |
| An Authorized Plan Administrator must confirm eligibility prior to completing this section based on the required hours of your benefit plan. | <input type="checkbox"/> Salary, Occupation, Class or Billing Division | | |
| | Occupation | Class | Billing Division |
| | Earnings: \$ | <input type="checkbox"/> Hr. <input type="checkbox"/> Wk. <input type="checkbox"/> Mth. <input type="checkbox"/> Yr. | Hrs per week: |
| <input type="checkbox"/> Termination I confirm that this plan member is no longer eligible for coverage because _____ <i>(Reasons for Termination: Termination of Employment, Deceased, Retirement, Layoff, Leave of Absence)</i> | | | |
| 3. PLAN MEMBER SECTION <i>Please check off appropriate box</i> | | | |
| This Section must be completed if you are changing your name, updating your mailing address or have a date of birth correction. | <input type="checkbox"/> Name, Address or Date of Birth Correction | | |
| | Plan Member's New Name: (last, first) | | Date of Birth: (yyyy/mm/dd) |
| | Home Mailing Address: | | |
| City | Province | Postal Code | |
| 4. CHANGE IN DEPENDENT STATUS SECTION <i>Please check off appropriate box(es)</i> | | | |
| This Section must be completed if you are adding or deleting a dependent, or updating dependent information. Common-law spouse means that you lived with this person as your spouse or partner for a continuous period of at least 12 months. To add these benefits at a later date, you must apply for coverage within 31 days of loss of spousal coverage. If you do not apply within 31 days, you and your dependents may be required to provide proof of insurability and coverage may be restricted or denied. | Change My Benefit Status to: <input type="checkbox"/> Single <input type="checkbox"/> Couple <input type="checkbox"/> Family <input type="checkbox"/> Single Parent | | |
| | Reason for Change: <input type="checkbox"/> Marriage <input type="checkbox"/> Common-law <input type="checkbox"/> Loss of Spousal Coverage <input type="checkbox"/> Divorce <input type="checkbox"/> Birth/Adoption of Child | | |
| | Date of Marriage/Common-law: (yyyy/mm/dd) _____ | | |
| Due to this change in dependent status, I would like to: <input type="checkbox"/> Add Dependent Life <input type="checkbox"/> Remove Dependent Life | | | |
| <input type="checkbox"/> Refusal of Health and/or Dental Coverage or Co-ordination of Benefits | | | |
| If you and/or your dependents are presently covered for Health and/or Dental Coverage under your spouse's Group Benefit Contract you may refuse to be covered for such benefits under this contract or Co-ordinate Benefits. | | | |
| Name of Your Spouse's Group Insurer | | Start Date of Coverage (yyyy/mm/dd) | |
| <i>I understand the plan of Group Benefits offered to me, but I wish to:</i> | | | |
| Health Coverage: <input type="checkbox"/> Decline coverage for myself and my dependents <input type="checkbox"/> Decline coverage for my dependents <input type="checkbox"/> Co-ordinate benefits | | | |
| Dental Coverage: <input type="checkbox"/> Decline coverage for myself and my dependents <input type="checkbox"/> Decline coverage for my dependents <input type="checkbox"/> Co-ordinate benefits | | | |

