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GROUP INSURANCE ADJUSTMENTS

Group Name: _____ Location: _____ Policy #: _____ Date: _____ Completed By: _____

EMPLOYEE NAME	ID NUMBER	CLASS	REASON CODE (see below)	EFFECTIVE DATE OF CHANGE (S)	PLEASE INCLUDE DETAILS

Reason Codes (please insert the applicable Reason Code for each employee in the column above)

1 - Earnings Change	6 - Division Transfer	11 - Other
2 - Class Change	7 - Occupation Change	
3 - Termination - lay off or leave of absence	8 - Province of Residence Change	
4 - Termination - employment	9 - Province of Work Change	
5 - Termination - employee cancels	10 - Retirement Date	