MEDAVIE
BLUE CROSS™

550 Sherbrooke Street West
Montreal, Quebec H3A 6T6

CHANGE FORM

GROUP NUMBER ______

SECTION NUMBER ______

IDENTIFICATION NUMBER ______

EFFECTIVE DATE OF CHANGE

COMPLETE ONLY THE AREA THAT REQUIRES A CHANGE

Employee last name	Employee first name	Date of birth (DD / MM / YYYY)	Sex M ☐ F ☐	Language of correspondence English ☐ French ☐
Address – Street & No.			Telephone ( )	
City or Town	Province		Postal Code	

☐ **Coverage revision :** Coverage requested
Individual ☐
Single parent * ☐
Family * ☐
* Please complete the following information

	Name	First name	Date of birth DD	MM	YYYY	Sex M	F	A – Addition C – Change T – Termination
Spouse [1]						☐	☐	A ☐ C ☐ T ☐
Children						☐	☐	A ☐ C ☐ T ☐
						☐	☐	A ☐ C ☐ T ☐
						☐	☐	A ☐ C ☐ T ☐
						☐	☐	A ☐ C ☐ T ☐
						☐	☐	A ☐ C ☐ T ☐

[1] If the employee is adding a spouse, please provide us with the wedding date or the date of co-habitation for a marriage not legally contracted
D D M M Y Y Y Y
Date

☐ **New weekly salary :** ______ $ Effective date : D D M M Y Y Y Y
Date

☐ **Waiver of benefits :**
- Since I am covered under my spouse's group policy, I want to waive the following benefit(s) : ☐ Health ☐ Dental
- Insurance company of spouse's plan : ______
- Identification number : ______

Participant's signature ______ D D M M Y Y Y Y Date

☐ **Return to participation to Health and/or Dental benefits after earlier waiver of benefits :**
Effective date (termination of spouse's coverage) D D M M Y Y Y Y
Date

☐ **Application for Optional Life insurance: Amount requested :** ______
(Evidence of health form to be completed)

☐ **Temporary layoff**
☐ **Authorized leave of absence**
☐ **Maternity or parental leave**

Effective date of leave of absence D D M M Y Y Y Y Date

Expected date of return from leave of absence (Mandatory) D D M M Y Y Y Y Date

☐ **Return to work :** Date of return : D D M M Y Y Y Y
Date

☐ **End of employment**
☐ **Retirement**
☐ **Death**

Date of event : D D M M Y Y Y Y
Date

D D M M Y Y Y Y
Date ______ Group administrator's signature ______ Participant's signature

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