GROUP INSURANCE CHANGE FORM

Submit this Change Form to record any additions, changes or terminations to your group insurance plan. Changes must be received by the 15th of the month to be reflected on the next month's premium statement. For best results, please send:

BY MAIL

Submit your Change Form with your premium payment each month.

BY FAX

Fax your Change Form to your Morneau Sobeco service office.

CLIENT			
ACCOUNT CODE			
FORM COMPLETED BY			
DATE COMPLETED	April 16, 2002	NUMBER OF PAGES SUBMITTED	

PRINT FORM RESET FORM IMPORTANT!

FOR CHANGES IN COVERAGE, COMPLETE ONLY THOSE COLUMNS THAT ARE APPLICABLE TO THE CHANGE

TRANS A,C,T	ID NUMBER	MEMBER'S NAME LAST, FIRST INITIAL	DIVISION NUMBER	COST CENTRE	CLASS	EFFECTIVE DATE OF CHANGE MO DY YEAR	BIRTH DATE MO DY YEAR	HIRE DATE MO DY YEAR	GENDER F.M	PROVINCE	EARNINGS AMOUNT	FREQ/ YR	DEP LIFE Y,N	HEALTH S,F	DENTAL S,F	OPTIONAL LIFE INSURANCE - *MEMBER* SMOKER Y,N	OPTIONAL LIFE INSURANCE - *MEMBER* AMOUNT	OPTIONAL LIFE INSURANCE - *SPOUSE* SMOKER Y,N	OPTIONAL LIFE INSURANCE - *SPOUSE* BIRTH DATE MO DY YEAR	OPTIONAL LIFE INSURANCE - *SPOUSE* AMOUNT	OPTIONAL AD&D INSURANCE AMOUNT	OPTIONAL AD&D INSURANCE TYPE S,F	LANGUAGE E,F	BENEFICIARY NAME & RELATIONSHIP TO MEMBER
Examples of transactions for: (A) ADDITIONS, (C) CHANGES, and (T) TERMINATIONS.																								
A	*467 993 989*	*SMITH, WILLIAM J.*	*0001*	*-*	*A*	*05 01 2002*	*11 12 1945*	*02 01 2002*	*M*	*ON*	*453*	*52*	*N*	*S*	*S*		*N/A*	*N*	*28 03 1948*	*100,000*	*100,000*	*F*		
C	*768 234 235*	*MCNAUGHTON, AUDRY P.*	*0002*	*-*	*B*	*05 01 2002*							*Y*	*F*	*F*									
T	*657 256 221*	*KEETON, ANGUS L.*	*0001*	*-*	*A*	*06 01 2002*																		
Please enter your change(s) below:																								
1																								
2																								
3																								
4																								
5																								
6																								
7																								
8																								
9																								
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MORNEAU SOBECO

03/02