JAN-WEST EMPLOYEE BENEFITS LTD.

Employee Status Change Report (PLEASE PRINT)

To be completed and Faxed to: (250) 768-8524 or 1-888-768-8524
Send Original to: Suite 101-2231 Moose Rd. Westbank, BC V4T 2G8

DATE	Date Rec'd (Jan-West Use Only)

I. ADMINISTRATIVE INFORMATION (Please Print)

Policyholder/Employer Name	Policy No.

Administrator	Fax No.

II. LIST OF CHANGES SUBMITTED

Employee Name (Last, First)	SIN/ID	CODE	Effective Date (mo/da/yr)	Form Attached ☑	Remarks

CODE	DESCRIPTION	REQUIRED FORMS TO BE COMPLETED		DOCUMENT
A	Addition of Employee	Group Benefit Enrollment	ENR-FORM	Original
R	Re-instatement	Group Benefit Enrollment	ENR-FORM	Original
T	Termination of Employee	Employee Status Change Report	CHREP-FORM3	Fax
S	Salary Changes	Employee Status Change Report	CHREP-FORM3	Fax
D	Change in Dependent Coverage	Request for Change Form I	CH-FORM1	Original
W	Waiver Request	Request for Change Form I	CH-FORM1	Original
B	Change in Beneficiary	Request for Change Form I	CH-FORM1	Original
CN	Change of Name	Request for Change Form I	CH-FORM1	Original
M	Maternity Leave	Request for Change Form II	CH-FORM2	Original
P	Parental Leave	Request for Change Form II	CH-FORM2	Original

Note: Adjustments for additions, changes, and terminations received after the 20th of each month will appear on your next group insurance premium statement.

Signature of Administrator X	JAN-WEST USE ONLY Date Rec'd (mo/da/yr)