

EMPLOYEE CHANGE REQUEST



		JG11-CU

				For CINUP use of	only: Compa	any #		
					Firm #			
					Certifi	cate #		
	TO BE COM	MPLETED BY	EMPLOYER (Pleas	se print clearly in IN	۱K)			,
	Employer N	ame				Empl	loyer Code	
	Employee N	lame				Certi	ficate #	
1	☐ Occupati	ion Change	New Occupation			Effec	tive Date (YYYY/M/	M/DD)
	☐ Salary Ch	nange	Earnings	,] Weekly	☐ Bi-We	·	s/Week
	Effective Da	ate of Salary Ch	ange (YYYY/MM/DD)	— □ Monthly □] Semi-Month	nly 🗌 Hourl	У	
	Authorized I	Employer Signa	ture			Date	(YYYY/MM/DD)	
	TO BE CO	MPLETED BY	EMPLOYEE (Pleas	se print clearly in IN	1K)			
	Address (New Address	. ,				
☐ Name Ch		nange	From			Phon (e)	
			То					
			Reason for Change	2				
	☐ Email Ad	dress Change						
(2)	☐ New Mar	ital Status	Separated D	Married Wid Divorced Date of Cohabitat			of Change (YYYY)	MM/DD)
	☐ Add Bene	ofits)ental				
	Remove (Coordination	Yes □ N	lo				
	of Benefi		If Yes, date spouse'		ted (YYYY/MM/[OD)		
	Add Dep		Please complete se	ection 3				
	☐ Waive He	ental				hange (YYYY/M/	W/DD)	
	☐ Change L of Covera		☐ Change from family to single coverage (YYYY/MM/DD) ☐ Change from single to family coverage (YYYY/MM/DD)					
	or covere	-50	Change from sir	igle to fairlify cover	age (TTTT/M/M/	(טט		
		OUR DEPENI clearly in INK)	DENTS AFFECTE	D BY THE CHAN	IGE, INCLU	DING YOUF	R SPOUSE	
		Date of Chan	ge First N	ame & Initial	Relationship	Birthdate (YYYY/MM/DD)	Aboriginal Status	Gender
	Add	(TTTT/M/M/DD)	(last har	ne ii dirierent)		(TTTT/WW/DD)	Status	□М
(3)	Delete						☐ Non-Status	□F
	Add						Status	M
	☐ Delete ☐ Add						☐ Non-Status	
	☐ Delete						☐ Non-Status	

Continued Next Page



EMPLOYEE CHANGE REQUEST



BENEFICIARY DESIGNATION – Please print clearly in INK (crossed out or revised info must be initialled by employee)

I				
First & Last Name	Middle Initial	Date of Birth (YYYY/MM/DD)	% of benefit	Relationship
Additional Beneficiaries Contingent Beneficiaries	Middle Initial	Date of Birth	% of benefit	Relationship
Trustee/Administrator Designation				
If the beneficiary is under the age of majority, I apportunity and a minor beneficiary under this policy. The paid. I authorize the trustee/administrator to spend a education of the minor. Full Name If you are designating a trustee/administrator, you should be a support of the minor.	trustee/administra	ator shall discharge nount, or interest o	e the Insurer for earned on it, for	the amount the support or
payable to a minor beneficiary under this policy. The paid. I authorize the trustee/administrator to spend a education of the minor. Full Name If you are designating a trustee/administrator, you sho	trustee/administra all or part of the am ould consult with a l	ator shall discharge nount, or interest o	e the Insurer for earned on it, for	the amount the support or
payable to a minor beneficiary under this policy. The paid. I authorize the trustee/administrator to spend a education of the minor. Full Name	trustee/administra all or part of the am ould consult with a l	ator shall discharge nount, or interest o	e the Insurer for earned on it, for	the amount the support or
payable to a minor beneficiary under this policy. The paid. I authorize the trustee/administrator to spend a education of the minor. Full Name If you are designating a trustee/administrator, you show the second of the paid of the pa	trustee/administra all or part of the am ould consult with a l pelow)	ator shall discharge nount, or interest e Relationship egal advisor and an nal information curre e collected, used, or o	e the Insurer for earned on it, for one of the second of t	the amount the support or see/administrate ted in the future ister the terms o
payable to a minor beneficiary under this policy. The paid. I authorize the trustee/administrator to spend a education of the minor. Full Name If you are designating a trustee/administrator, you show the proof of the proof of the minor. EMPLOYEE SIGNATURE (Please sign and date to the proof of the pro	trustee/administra all or part of the am ould consult with a land pelow) ell as any other person surance policy may be op and recommend surance policy may be of an information may be licensed physicians a	Relationship egal advisor and an al information curre e collected, used, or outliable products and collected from and/o	e the Insurer for earned on it, for one of the second of t	the amount the support or eee/administrate ted in the future ister the terms or my employer, an and party. These als or institutions
payable to a minor beneficiary under this policy. The paid. I authorize the trustee/administrator to spend a education of the minor. Full Name If you are designating a trustee/administrator, you show the personal information provided herein as well JG Benefits Inc. and the insurance carriers of may group in the group policy of which I am an eligible member, to develop to manage the organization's business. Depending on the type of coverage I carry, limited personal include the insurance carriers of my group insurance policy, health and life insurers, government and regulatory authority.	trustee/administra all or part of the am buld consult with a land below) ell as any other person surance policy may be op and recommend so by licensed physicians a ties, and other third p tial and secure. I under ed or rescinded. I acknowled	Relationship Relationship egal advisor and an al information curre e collected, used, or a uitable products and collected from and/o nd/or any other heal arties when required erstand I may revoke nowledge more speci	e the Insurer for earned on it, for one of the searned on it, for one of the searned on the searned of the searned to a thirth care professions to administer the one of the searned of th	the amount the support or the support or see/administrate ted in the future ister the terms or my employer, and party. These als or institutions benefits outlined time; however, out collection and
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