Great-West Life ASSURANCE G ... COMPANY

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TO: THE GREAT-WEST LIFE ASSURANCE COMPANY P.O. BOX 6000 WINNIPEG, MANITOBA R3C 3A5 FAX #: 204.946.4101 ATTN: MEMBER ADMINISTRATION

PLAN SPONSOR		
PLAN NUMBER	DIV. NO.	DATE
(Please Print) COMPLETED BY:	·	
AREA CODE & PHONE #: ()	

GROUP INSURANCE ADJUSTMENTS

PLAN MEMBER NAME	I.D. NUMBER (When Known)	REASON CODE (See Below)	EFFECTIVE DATE OF CHANGE(S)	PLEASE INCLUDE DETAILS

	PREPARE IN DUPLICATE 1 COPY TO GWL 1 COPY FOR YOUR RECORDS	REASON CODES (Please insert the applicable Reason Code for each plan member in the column above)				
		1 – EARNINGS CHANGE* 2 – DEPENDANT - Add coverage [Attach Group Coverage Change Form	6 – TERMINATION - Layoff or Leave of Absence 7 – TERMINATION - Employment 8 – TERMINATION - Plan Member cancels		15 – PROVINCE OF RESIDENCE CHANGE 16 – PROVINCE OF WORK CHANGE*	
	* REASON CODES 1, 12 & 16 ARE NOT REQUIRED FOR DIVISIONS MAINTAINED FOR CLAIMS PURPOSES ONLY	M6190 or M6190(f)] 3 – DEPENDANT - Delete coverage 4 – CLASS CHANGE	[Attach Group Coverage Change Form M6190 or M6190(f)] 9 – DIVISION TRANSFER 10 – NEW PLAN MEMBER [Attach Application for	12 – BENEFICIARY CHANGE [Attach Group Coverage Change Form M6190 or M6190(f)]* 13 – NAME CHANGE [Attach Group Coverage	17 - LOST OR STOLEN DRUG CARD 18 - REPLACE OR ADDITIONAL DRUG CARD 19 - RETIREMENT DATE 20 - OTHER (Describe briefly)	

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