

**SELECTPAC
 GROUP INSURANCE ADJUSTMENTS**

TO: THE GREAT-WEST LIFE ASSURANCE COMPANY
 PO BOX 6000
 WINNIPEG MB R3C 3A5
 FAX #: (204) 946-8972

GROUP NAME		
POLICY NO	DIV. NO.	DATE
(Please Print) COMPLETED BY: _____		
AREA CODE & PHONE #: (_____) _____		

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

PREPARE IN DUPLICATE
 - ORIGINAL TO GWL
 - RETAIN DUPLICATE

REASON CODES (Please insert the applicable Reason Code for each employee in the column above)			
1 – EARNINGS CHANGE 2 – DEPENDANT - Add coverage (include Date of Marriage/Cohabitation) 3 – DEPENDANT - Delete coverage 4 – CLASS CHANGE 5 – WAIVED BENEFITS (Attach Employee Change Form M6109)	6 – TERMINATION - Layoff or Leave of Absence 7 – TERMINATION - Employment 8 – TERMINATION - Employee cancels 9 – DIVISION TRANSFER	10 – NEW EMPLOYEE (Attach Enrolment Form M6108) 11 – REINSTATEMENT (Attach Employee Change Form M6109) 12 – BENEFICIARY CHANGE/NAME CHANGE (Attach Employee Change Form M6109) 13 – OCCUPATION CHANGE	14 – PROVINCE OF RESIDENCE CHANGE 15 – PROVINCE OF WORK CHANGE 16 – LOST OR REPLACE DRUG CARD 17 – RETIREMENT DATE 18 – OTHER

FRANÇAIS AU VERSO

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