



GROUP INSURANCE ADJUSTMENTS

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 #: (_____) _____		

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 1, 12 & 16 ARE NOT REQUIRED FOR DIVISIONS MAINTAINED FOR CLAIMS PURPOSES ONLY**

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 M6190 or M6190(f)] 3 – DEPENDANT - Delete coverage 4 – CLASS CHANGE 5 – WAIVED BENEFITS [Attach Group Coverage Change Form M6190 or M6190(f)]	6 – TERMINATION - Layoff or Leave of Absence 7 – TERMINATION - Employment 8 – TERMINATION - Plan Member cancels [Attach Group Coverage Change Form M6190 or M6190(f)] 9 – DIVISION TRANSFER 10 – NEW PLAN MEMBER [Attach Application for Group Coverage Form M6191 or M6191(f)]	11 – REINSTATEMENT [Attach Group Coverage Change Form M6190 or M6190(f)] 12 – BENEFICIARY CHANGE [Attach Group Coverage Change Form M6190 or M6190(f)]* 13 – NAME CHANGE [Attach Group Coverage Change Form M6190 or M6190(f)] 14 – OCCUPATION CHANGE	15 – PROVINCE OF RESIDENCE CHANGE 16 – PROVINCE OF WORK CHANGE* 17 – LOST OR STOLEN DRUG CARD 18 – REPLACE OR ADDITIONAL DRUG CARD 19 – RETIREMENT DATE 20 – OTHER (Describe briefly)