THE
Great-West Life
ASSURANCE COMPANY

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

SELECTPAC
GROUP INSURANCE ADJUSTMENTS

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

Clear

FRANÇAIS AU VERSO

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