Desjardins Financial Security®
P.O. Box 4359 STN A
Toronto ON M5W 3M8

Print | New member

GROUP INSURANCE - CONTRACT ADMINISTRATION

POLICYHOLDER'S REQUEST FOR CHANGE

To ensure the approval of adequate coverage, please submit all changes within 31 days of the insurance eligibility date. Please use a separate form for each division number affected by modifications.

1. IDENTIFICATION

Name of policyholder	Group Number	Division Number

2. CHANGE OF SALARY AND RETURN TO WORK

Certificate No.	Last name and first name of member	CHANGE OF SALARY				RETURN TO WORK			
		New annual salary	Effective date YY	MM	DD	Return date YY	MM	DD	New annual salary

3. TERMINATION OF EMPLOYMENT

Certificate No.	Last name and first name of member	Effective date YY	MM	DD	REASON, specify (death, dismissal, insufficient number of hours, strike, etc.)

Signature of authorized person

Date

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4. DISABILITY

Certificate No.	Last name and first name of disabled member	Disability started on YY	MM	DD	WCB/WSIB/ WHSCC	HRSDC EI CONTRIBUTION	No fault
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐
					☐	☐	☐

5. NAME CHANGE

Certificate No.	Previous last name and first name of member	New name	Reason

6. CHANGE OF DIVISION

Certificate No.	Last name and first name of member	Effective date YY	MM	DD	Old division	New division

7. CHANGE OF CLASS

Certificate No.	Last name and first name of member	Effective date YY	MM	DD	Old class	New class

8. CHANGE IN PROVINCE OF RESIDENCE

Certificate No.	Last name and first name of member	Effective date YY	MM	DD	From	To

9. CHANGE OF ADDRESS OR POLICYHOLDER'S REPRESENTATIVE

☐ **New address** ☐ For billings ☐ For claim cheques

Name of policyholder	Group Number	Division Number

No.	Street	Floor Office / No.

City	Province	Postal code

☐ **Policyholder's new representative** ☐ For billings ☐ For claim cheques

Name of policyholder	Group Number	Division Number

Name of new representative	Telephone	Fax
	( )	( )

No.	Street	Floor Office / No.

City	Province	Postal code

Signature of authorized person **Date**

Please return to Desjardins Financial Security