



EMPLOYER CHANGE FORM GROUP INSURANCE BENEFITS



Division Name	Division No.	Location
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EMPLOYEE NAME	S.I.N.	REASON CODE (see below)	EFFECTIVE DATE (dd/mm/yy)	NEW ANNUAL SALARY OR DETAILS OF CHANGE

REASON CODE (Please select the applicable Reason Code for each employee)

1. Term to Casual (coverage terminates)	4. Permanent Full Time to Permanent Part Time (provide new annual salary)	7. Transfer Health/Dental to LTD Account	10. Change in LOA period
2. Permanent to Casual (coverage terminates)	5. Termination	8. Earnings Change (provide new annual salary)	11. Retirement (less than 10 years of service not eligible)
3. Permanent Part Time to Permanent Full Time (provide new annual salary)	6. Reinstatement (Rehired less than 12 months)	9. Return to Work from Leave	12. Other (describe briefly)
13. Cancel Benefits during a leave due to non-payment.			

Note: An employee changing from Casual status to a Permanent or Term position (of at least one year) or from a Term to a Permanent position must complete the *Application For New Group Insurance Benefits Form*.

We hereby certify that these persons are eligible employees actively at work and performing the functions of their position, and have completed the enrolment waiting period.

Date	Signature of Employer
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Please forward to Group Benefits Solutions, Health Association Nova Scotia: 2 Dartmouth Road, Bedford NS B4A 2K7