HEALTH ASSOCIATION NOVA SCOTIA

EMPLOYER CHANGE FORM
GROUP INSURANCE BENEFITS

ERCH

Division Name	Division No.	Location

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 _____

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

Health Association Nova Scotia is a registered business name of Nova Scotia Association of Health Organizations.