

Change Form

Group Benefit Plan – Grandir ensemble – Great-West Life - Policy 165729

Name of Childcare Center: _____

Effective date of change: _____
(day /month /year)

1. Participant information

Name: _____ GWL Plan member ID _____

2. Reinstatement following an approved leave of absence (maximum of 6 months; Summer = 2.5 months) :

Annual salary
(upon return to work)

Plan member returned to work on: Day _____ Month _____ Year _____ \$ _____

Reason for reinstatement (Return from approved leave of absence, ex. summer leave) _____

3. Name change

From: _____ to: _____
Given Name Surname Given Name Surname

4. Refusal of benefits

Health and/or dental coverage can only be refused **if you are covered** by duplicate group benefits through your spouse's employer.

I understand the plan of group benefits offered to me, but I **decline** to participate in:

Extended Health care: myself and my dependents my dependants only

Dental care: myself and my dependents my dependants only

Spousal insurer's name: _____ Plan number: _____

Effective date of change: Day _____ Month _____ Year _____

If you lose spousal coverage, you must apply for coverage within **31 days** of loss of such coverage. If you do not apply within 31 days, you and your dependants may be required to provide proof of insurability acceptable to Great-West Life to be covered, and if approved, coverage for dental benefits may be limited.

5. Refusal of benefits – for dependants even if they are not covered by spouse's plan

You can opt out of the health and dental benefits for your dependants even if they are not covered elsewhere. However, if you want to add them at a later date, you will have to submit proof of insurability to the insurer (at your cost) and the coverage could be declined and/or accepted.

I understand the plan of group benefits offered to me, but I **decline** to participate in:

Extended Health care: my dependants only

Dental care: my dependants only

