

NOTICE OF CHANGE

Quebec
PO Box 790, Station B
Montreal, Quebec H3B 3K6

Ontario, Atlantic and Western Provinces
522 University Avenue, Suite 400
Toronto, Ontario M5G 1Y7

Policyholder's name (Employer/Organization)

Policy number

Account number

(1) Certificate number	(2) Member's name	(3) Code (see below)	(4) Effective date of change(s) (YY/MM/DD)	(5) Salary			(6) Additional information
				Amount	Frequency	No. of hours	

If you fax this form, please keep the original for your records.

Code definitions (Please indicate the applicable code for each member in the column above).			
5 – Salary change 22 – Change of language (F/E) 24 – Address change 25 – Lost or stolen card	26 – Occupation change 27 – Other (specify) 31 – Reinstatement (return to work)	45 – Division transfer 46 – Class change 75 – Maternity/Parental leave	40 – Termination (employment) 43 – Termination (layoff) 51 – Retirement 52 – Termination (leave of absence)

Authorized signature _____ Telephone () _____ Ext. _____ Date _____

Name (please print) _____

HOW TO COMPLETE THE FORM

1. Use the column marked "Code" to indicate the requested change(s). Complete the applicable columns and forms.
2. Make a copy and send the original to Industrial Alliance. Should you fax this form, keep the original for your files.

REGULAR CHANGES			
Code	Type of change	Procedure	Complete columns
5	Salary change A = Annual H = Hourly M = Monthly W = Weekly	Indicate the member's new salary and the effective date of this new salary. Specify the frequency using the codes on the left. In the case of hourly salaries, indicate the number of hours worked per week.	1, 2, 3, 4, 5
22	Change of language (F/E)	Specify language – F: French E: English	1, 2, 3, 6
24	Address change	Indicate the new address in column 6.	1, 2, 3, 4, 6
25	Lost or stolen card	Specify code 25.	1, 2, 3
26	Occupation change	Indicate the new occupation in column 6.	1, 2, 3, 4, 6
27	Other (specify)	Provide all necessary information and documents to support the requested change. Refer to your administration guide.	N/A
31	Reinstatement (return to work)	Indicate the date of return to work (column 4) if it is within the eligibility period mentioned in your contract. If not, please complete form F54-018A (Enrolment Request - Reinstatement).	1, 2, 3, 4
45	Division transfer	Specify "Transfer from division X to division Y" under Additional information (column 6). Specify the date of change (column 4).	1, 2, 3, 4, 6
46	Class change	Specify the new class of member (column 6) and indicate the date of change (column 4).	1, 2, 3, 4, 6
75	Maternity or parental leave	Specify the departure date (column 4) and the expected date of return (column 6). If benefits are to be discontinued, complete F54-017A (Refusal to participate).	1, 2, 3, 4

TERMINATION			
Code	Type of change	Procedure	Complete columns
40	Termination (employment)	Indicate the date of the last day worked.	1, 2, 3, 4
43	Termination (layoff)	Indicate the date of the last day worked. If you already know the date of return, please indicate it under Additional information (column 6).	1, 2, 3, 4
51	Retirement	Indicate the date of the last day worked.	1, 2, 3, 4
52	Termination (leave of absence)	Indicate the date of the last day worked. If you already know the date of return, please indicate it in column 6.	1, 2, 3, 4

CHANGES WITH OTHER FORMS		
Type of change	Procedure	Complete columns
New member	Complete form F54-018A (Enrolment request – New application) in full and obtain the member's signature.	N/A
Change of status (type of coverage)	Complete form F54-070A (Change of record) and F54-002A (Evidence of insurability), if necessary.	N/A
Exemption from participation	Complete form F54-070A (Change of record).	N/A
Beneficiary change	Complete form F54-070A (Change of record). If previously irrevocable, obtain the previous beneficiary's signature.	N/A
Name change or correction	Complete form F54-070A (Change of record).	N/A
Refusal to participate	Complete form F54-017A (Refusal to participate).	N/A