PACIFIC BLUE CROSS®

DO NOT WRITE IN THIS SPACE

EMPLOYEE CHANGE FORM

Mail: PO Box 7000, Vancouver, BC V6B 4E1 | Drop it off: 4250 Canada Way, Burnaby, BC | enrollment@pac.bluecross.ca

PART 1 — MEMBER INFORMATION

Policy number	Member ID number	
Legal first name	Last name	Middle initial
Name of company/organization		Effective date of member change (mm-dd-yyyy)

PART 2 — MEMBER CHANGE: Check all relevant boxes and provide requested information

☐ Name change	Employee's former name				
☐ Address change	New street address	City		Province	Postal code
☐ Salary change	New salary $ _____ ☐ Hourly ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Annually			Hours per week	
☐ Division change	New division	New sub-division			
☐ Class/Payroll change	New class	New section ID	New payroll number	Occupation (required for class change)	
☐ Employment type change	☐ Full-time salary ☐ Part-time salary ☐ Full-time hourly ☐ Part-time hourly ☐ Retired ☐ Hour bank ☐ Other: _____				
☐ Terminate employee	Date (mm-dd-yyyy)	Reason for termination			
☐ Transfer employee	Terminate from policy number	Add to policy number	Reason for transfer		

PART 3 — DEPENDENT CHANGE: Check all relevant boxes and provide requested information

☐ Add ☐ Change ☐ Name change ☐ Terminate (specify reason): _____

If adding a spouse: ☐ Date of marriage (mm-dd-yyyy): _____ ☐ Date of cohabitation (mm-dd-yyyy): _____

If you or any of your dependents were covered under another plan within the last 6 months, please indicate the following:

Name of other insurance company	Group policy number	ID certificate number

Is the plan still active? ☐ Yes ☐ No — termination date (mm-dd-yyyy): _____

LEGAL FIRST NAME	PREFERRED NAME	MIDDLE INITIAL	LAST NAME	BIRTHDATE (MM-DD-YYYY)	SEX	RELATIONSHIP TO YOU*	FULL TIME STUDENT**	DISABLED DEPENDENT***
Spouse					☐ M ☐ F	☐ Common-Law ☐ Married		
First child					☐ M ☐ F	☐ Son ☐ Daughter ☐ Stepchild	☐ Yes ☐ No	☐ Yes ☐ No
Second child					☐ M ☐ F	☐ Son ☐ Daughter ☐ Stepchild	☐ Yes ☐ No	☐ Yes ☐ No
Third child					☐ M ☐ F	☐ Son ☐ Daughter ☐ Stepchild	☐ Yes ☐ No	☐ Yes ☐ No
Fourth child					☐ M ☐ F	☐ Son ☐ Daughter ☐ Stepchild	☐ Yes ☐ No	☐ Yes ☐ No

*If applicable, attach a copy of adoption papers or for a legal ward, a copy of the court document.
**Complete this section if child is over the maximum age as stated in your Group Benefit Contract and attending school full-time.
***If you have a child with a disability, provide a copy of CRA approved Application for Disability Tax Credit or Persons With Disability and confirm the following:
1. Is the dependent currently active on the plan? ☐ Yes ☐ No 2. Is the dependent financially dependent on you? ☐ Yes ☐ No
3. Does the dependent reside with you? ☐ Yes ☐ No 4. Is the dependent married, or has the dependent ever been married? ☐ Yes ☐ No
(If unable to provide CRA or PWD document, attach a completed Disabled Dependent Application for review.)

PART 4 — MEMBER AND EMPLOYER/PLAN ADMINISTRATOR SIGNATURES

I hereby declare that all the information provided in this application is true and complete. I consent to the personal information provided above being retained, used and disclosed in accordance with Pacific Blue Cross' privacy policy. The privacy policy is available online at pac.bluecross.ca or by calling Pacific Blue Cross at 604 419-2000.

Member's signature X	Date (mm-dd-yyyy)
Employer/Plan administrator's signature X	Date (mm-dd-yyyy)

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