

REQUEST FOR CHANGE

Contract A4999 (RSGMF)

Last Name							Firs	t Name				
Address										Postal Code		
E an all				Televi	No		6	10				
E-mail				leleph	ione No		Cer	tificate No				
Indicate date	of the event ju	stifying the Req	uest for Change		year	month	day					
Marriage	or civile union		В	irth	Adop	tion	Death of	the spouse				
Beginning or termination of spouse's insurance Separation / Divorce Custody of child Other : specify												
Change o	of number of ch	idren un your ca	re (increase or	decrease): spe	cify:							
Cohabitat	tion > St	tart date of coha	bitation	year	moi	nth day						
				funa abild'a di	ata af birth	year	mont	th day				
		las a child born		-								
				k only one Exemption*	only one box according to the desired coverage.)							
Health 1				Exemption	fields below:	* If you are covered under a similar plan, please provide proof that allows the exemption by completing the fields below:						
Health 2				_	Name of the ins Contract holder							
Health 3					Contract Number							
Dental Car	re Insuranc	e (optional)										
You must choose only one of the following statuses					Individual	Single-pare	nt	Fam	ily	Remo	ve this plan	
Short Tern	n Disability	Insurance	(compulsor	y)								
	Co	verage					Modific	ation				
	licable after 7	days of disabilit	y for a duratio			he Short Term Disabilit	ty Insuran	ce option will res	sult in a cha	ange to the Long	Term Disability	
of 52 weeks				Insurance Option	option 1: \$300 / weekly	Option 3: \$50)0 / wookl	W				
					2: \$400 / weekly	Option 4: \$60						
Long Term	n Disability	Insurance (optional)									
	Co	verage			Ad	bt		Remove				
	licable up to ag	•										
		t Term Disability m Disability Insi		t				— .				
	-	Option 3: \$2,0			I wish to ad	d this coverage		I wish to remove this coverage				
	. ,	Option 4: \$2,3	,									
Life Insura	nce (optio	nal)										
Benefit					Add			Modification				
	Be	enefit			Ac	ld			Modi	fication		
Participant's		enefit ance and AD&D			Option	1: \$25,000			Option	n 1: \$25,000		
Participant's					Option				Option	n 1: \$25,000 n 2: \$50,000	efit	
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