Pacific First Dental & Healthcare Plans
Change Form

Company Name:

Group # _____ **_____**

Change in Coverage or Classification - Type of Change

T	Terminate (show last day worked)
C	Change in class - show old and new class and reason for change in comments column
S	Change in salary - show new salary in "Comments and Reasons" column
D	Change in Dependant status - show single or family for benefits affected with reason in comments column
N	Name change
A	new enrolments - attach completed enrolment forms
R	Reinstatement (Only if terminated less then 6months - show termination date under "Comments and Reasons")
O	Refusal of Benefits - Attach signed card - indicate reason for each Benefit being refused

Cert. No/ Sin	Employee's Name	Type of change	Date change is effective	Comments

Administrator's Signature Date

#215 - 3993 Henning Drive, Burnaby, BC V5C 6P7
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