



Flex Employer Change Form

Send to:
 Attention: Changes
 185 The West Mall, Suite 800
 Toronto, Ontario M9C 5L5

Fax: 1-877-797-7449

Email: changes@benecaid.com

Plan Administrator: Please complete and sign section 1. Complete changes in sections 2 - 3 where applicable.

1. GROUP INFORMATION

Company Name:		Group Number:
Plan Administrator Name:	Signature:	Date Signed: (yyyy/mm/dd)

2. EMPLOYEE SALARY AND / OR CLASS CHANGE

Client ID	Last Name	First Name	New Salary	New Class	Effective Date (yyyy/mm/dd)

3. EMPLOYEE TERMINATION

Client ID	Last Name	First Name	Reason for Termination (death, dismissal, insufficient number of hours, resignation, retirement, strike etc...)	Last Day of Coverage (yyyy/mm/dd)

Reason for Termination: If an employee is choosing to opt-out of coverage due to spousal coverage, the employee should complete and submit an Employee Change Form. You do not need to include them in the Employee Termination section on this form.

Last Day of Coverage: Terminated employees will have coverage until 11:59:59pm on the last day of coverage.

Backdating Terminations: The earliest an employee's last day of coverage can be backdated is the 2nd day of the month in which Benecaid receives notice of the termination.

Billing: Premiums/Deposits will be billed for the month in which coverage is terminated. Premiums/Deposits will not be pro-rated.