MATRIX
BENEFIT SERVICES LIMITED

700 Finley Avenue, Unit 5, Ajax, ON L1S 3Z2
Fax: (905)426-9844 Phone: (905)426-8850 or (800)265-4455

# GROUP POLICY CHANGE FORM

Policyholder _____

Group Policy No. _____

| Name of Employee | Certificate No. | Effective Date of Change M/D/Y | Term | Reinst. | Annual Salary | **Other Changes** ie. Beneficiary, Marital, Dependent or Name Change Please attach Enrollment/Change form for dependent information. |
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Attachments:

- ☐ Beneficiary Form
- ☐ Enrollment/Change Form
- ☐ Decline Card

Remarks: _____

_____

Signed by: _____ Position: _____

Phone No: _____ Date: _____