



# Changes and Terminations

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_ Group Policy Number: TS \_\_\_\_\_  
Administrator's Name: \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_

### INSTRUCTIONS – PLEASE READ CAREFULLY

- 1. Please print clearly
- 2. For a Termination, indicate employee's exact last day worked under "Exact Date of Change".
- 3. Any other changes – please explain the change in detail under "Explanation of Change".
- 4. Please fill out second box for employee change of address

Employee Name	Exact Date of Change			Indicate Change By "X"				
	MM	DD	YY	Division Change	Terminated	Reinstated	Maternity Leave	Explanation of Change (Use back if necessary)

Employee Name	Old Address	New Address

Authorized by: \_\_\_\_\_



**Please submit this form by mail to:**  
 Ten Star Group Benefit Specialists Inc.  
 95 Hamilton Street North, Suite 2, P.O. Box 1490, Waterdown, Ontario L0R 2H0  
 OR by Fax: (905) 689-1885 or toll-free (866) 269-5510  
 OR by email to groupdept@tenstar.ca