

TEN STAR PARTNERSHIP PROGRAM
Employer's Report on Changes and Terminations

Date: _____

Company Name: _____ Division: _____

Group Policy Number: _____ Authorized by: _____

INSTRUCTIONS - PLEASE READ CAREFULLY

1. For a New Employee, please submit a completed Enrolment Form.
2. For a change in Marital Status - enter "S" for Single, "F" for Family (Married), "W" for Waiver of Benefit.
 - attach forms for changes as required (i.e. marriage certificate, application for change of coverage).
3. For a Termination, indicate employee's exact last day worked under "Exact Date of Change".
4. Salaries - show employee's current earnings if you have benefits based on salary.
 - please advise us when an employee's salary is changed, in order to keep information up-to-date.
5. Occupation - please inform us when an employee's occupation changes.
6. Any other changes - please explain the change in detail under "Explanation of Change".

Employee Name	Cert. # or SIN	Exact Date of Change dd-mm-yyyy	Indicate Change By "X"					Explanation of Change <small>Please include all details.</small>
			Marital Status	Occupation Change	Termination of Employee	Reinstatement of Employee	Salary Change	



TEN STAR Group Benefit Specialists Inc.™

Submit this form to: Ten Star Group Benefit Specialists Inc.
 95 Hamilton Street North, Suite 2, P.O. Box 1490
 Waterdown, Ontario L0R 2H0
 Phone: (905) 689-7911 or toll-free (877) 836-7827
 Fax: (905) 689-1885 or toll-free (866) 269-5510