

A. Company Identification	
Group Policyholder (Employer) Name	Group/Account Number

B. Details of Employee Activities								
Certificate Number	Employee Name	Effective Date (MM/DD/YY)	Type of Activity				*Form Code(s)	Comments
			Add	Term	Change	Re-instate		
							1 2 3 4	
							1 2 3 4	
							1 2 3 4	
							1 2 3 4	
							1 2 3 4	
							1 2 3 4	
							1 2 3 4	
							1 2 3 4	
							1 2 3 4	
							1 2 3 4	
							1 2 3 4	

\*Form Code Legend: please select appropriate code and attach the relevant form ↑

1	Group Insurance Enrolment	2	Change of Information	3	Evidence of Insurability	4	Change of Beneficiary
---	---------------------------	---	-----------------------	---	--------------------------	---	-----------------------

Completed By	Telephone Number	Date (MM/DD/YY)
--------------	------------------	-----------------