

10009 108 Street NW, Edmonton, Alberta T5J 3C5
 Fax: 780-425-4627

Date (YYYY-MM-DD)		Effective date change	
Group name		Group number	

Change primary plan administrator

Change to (name)		Address	
Phone number		Email address	

Add or change alternate plan administrator

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> All sections <input type="checkbox"/> Specific sections only: <input type="checkbox"/> Remove:			
Change to (name)		Address	
Phone number		Email address	

Add or change executive contact

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> All sections <input type="checkbox"/> Specific sections only: <input type="checkbox"/> Remove:			
Change to (name)		Address	
Phone number		Email address	

Submitted or requested by

Name _____ Phone number _____

Comments: _____

Email this form to: Group Enrolment Administrator & Address Changes – Mailing List

