

SEVENTH-DAY ADVENTIST CHURCH IN CANADA HEALTH BENEFITS PLAN

1148 KING STREET EAST, OSHAWA, ON L1H 1H8 TELEPHONE: 1-800-263-7868 OR 905-433-3964 Benefit
Change Request
(Employee)

Employee			Effective Date of Change (dd/mm/yy)
Address			
Employer			
Change Request:			
Change Acquest.			
☐ Add Spouse/Dependent			
☐ Address Change			
□ Name Change			
☐ Remove Family Member - Name:			
New Address:			
Name Change to:			
Spouse Information:			
Last Name:	First Name	st Name:	
Birthdate (dd/mm/yy)			
Address			
I request to add my spouse for dental and extended health benefits. Does your spouse have any valid Canadian Provincial			
Yes No		Health Card?	
If your Spouse is unemployed he/she can participate in the Plan at no additional cost.			
Is your Spouse employed? ☐ Yes ☐ No			
If Spouse is employed, gross income must be less than \$45,000.00 annually and a Statement of Income is required to participate in the plan at no additional cost. Please attach proof of income with this request. Please note: If health care coverage is available to your Spouse through their own employer, they may not opt out of that coverage.			
If Spouse gross income is greater than \$45,000.00 annually you may choose to purchase a spouse buy-in at the cost of \$136.00 per month which			
provides extended health and dental coverage for your spouse. Would you like to purchase a spousal buy-in? Yes No			
Please note: If health care coverage is available to your Spouse through their own employer, they may not opt out of that coverage.			
Dependent Information:			
Last Name	First	Name	
Birthdate (dd/mm/yy)	Sex:	☐ Female	□ Male
Address			
Is Dependent a student?	□ Y	es 🗆 No	
I certify the above information is true and correct and confirm I am authorized to act on behalf of my spouse and dependents when applying for coverage or for purposes of the ongoing administration of my health benefits plan.			
Employee SignatureDate			
Please return the completed form to the address	ss above or	send by e-mail	to healthbenefits@adventist.ca