RWAM INSURANCE
ADMINISTRATORS INC.
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Fax: (519) 669-1923
Attention: Group Administration Department

Report of Employee Transactions

Group Policy # _____ Division # _____ Name of Policyholder _____

		ADDITIONS		TERMINATIONS/LAY-OFFS			CHANGES							TRANSFERS			
CERTIFICATE NO.	EMPLOYEE First Name Surname	New	Re-instatement	TERMINATION/ RE-INSTATEMENT OF EMPLOYMENT yy	mm	dd	Status Change	NEW OCCUPATION	NEW WAGE	HRS/ WEEK	DATE OF CHANGE OF OCC., WAGE, ETC. yy	mm	dd	DATE OF TRANSFER yy	mm	dd	NEW GROUP, DIVISION, CLASS

Please enclose the applicable forms/cards that correspond with the above transactions. It is not necessary to return Drug Cards for terminated employees – please destroy them.	Additional Comments

Date: _____ Signature of Authorized Administrator: _____