



### How to complete the “notice of change” form

1. Use letter under “CODE” column to indicate the type of change required and complete the appropriate columns.
2. Complete this form and send the original to Standard Life.
3. Keep the second copy for your files.
4. If your policy is self-billed keep the original forms (application, etc...) and send a copy to Standard Life.

### Explanation of codes (to be indicated in column 4 on the reverse)

Code	Change	Procedure	Columns to be completed
N	New Participant	Have participant complete and sign Form GE8000, Application. Indicate eligibility date for insurance in column 5. Indicate in column 13 the date on which the Participant’s status changes from part-time or temporary to permanent full-time, if applicable, and give brief explanation.	1, 2, 3, 4, 5, 6, 13 Self-Billed Policy: 1 to 13
T	Cancellation of Coverage (Permanent Termination)	Indicate the date of the <u>day following</u> the Participant’s termination.	1, 3, 4, 5
R	Reinstatement of Insurance (following permanent termination)	Indicate the date of return to work. Verify the reinstatement of coverage clause to determine if the employee is to be considered as a new Participant.	1, 3, 4, 5
S	Income <ul style="list-style-type: none"> <li>• A : Annual</li> <li>• M : Monthly</li> <li>• W : Weekly</li> <li>• O : Hourly</li> <li>• D : Every two weeks</li> </ul>	Indicate the participant’s new income and the effective date of this new income. Specify the frequency using the codes on the left. In the case of hourly salaries (O), <u>indicate the number of working hours per week.</u>	1, 3, 4, 5, 10
CP	Class of Participant	Indicate the name of the new class of the Participant or the class number, if known, and the effective date.	1, 2, 3, 4, 5
C	Coverage	Indicate the new type of coverage required: <ul style="list-style-type: none"> <li>• I Participant only (single)</li> <li>• F Participant with dependents (family)</li> </ul> Have participant complete and sign Form GE8001, Request for Change (I), Sections I, II, III and specify the reason for the change.	1, 3, 4, 5, 11, 13
NC	Name	Have participant complete and sign Form GE8001, Request for Change (I), Sections I, II, X. If a correction is needed, specify the correction to be made in column 13.	1, 3, 4, 5, 13
B	Beneficiary	Have participant complete and sign Form GE8001, Request for Change (I), Sections I, II, VII, VIII, IX, if applicable.	1, 3, 4
EB	Exemption from Benefits	Have participant complete and sign Form GE8001, Request for Change (I), Sections I, II, V, VI. Use only if Participant is <u>already covered under spouse’s group insurance plan.</u>	1, 3, 4, 5
OB	Optional Benefits	Have participant complete and sign Form GE8002, Optional Benefits - Life, Accidental Death and Dismemberment (A.D. & D.). To be completed for addition of benefits, changes and cancellations.	1, 3, 4, 13
DT	Division Transfer	Specify in column 13 “Transfer from Division X to division Y”. If the transfer also involves a change of class, enter CP code on a second line.	1, 3, 4, 5, 13
X	Other: Specify	Provide all necessary information and documents to process the change.	1, 3, 4, 5, 13

### Temporary absence

Code	Change	Procedure	Columns to be completed
M1*	Temporary Lay-off	With cancellation of coverage The option elected must apply to all your employees under the policy.	1, 3, 4, 5
M2*	Temporary Lay-off	Continuation of coverage (with the exception of disability benefits) The option elected must apply to all your employees under the policy.	1, 3, 4, 5
K*	Maternity, Parental or Compassionate Leave	Continuation or non-continuation of benefit Have participant complete and sign Form GE8003, Request for Change (II), Sections I, II.	1, 3, 4, 5
W	Return to work	Reinstatement of coverage The effective date of the change indicated in column 5 must be the date of return to work.	1, 3, 4, 5

\* Before using M1, M2, or K codes, please refer to the “Termination of Insurance” clause under the policy.