

Enrollment and Change Form

Transaction

enrollment of new employee
change - select all that apply

Type of Change

employee class
single or family status
employee name change
employee address change
email address change
claims option change
termination date

Effective Date

for enrollment or change

Employee Class

for enrollment or change

Single or Family

for enrollment or change

Employee Name

current name

Employee Name

for name change

Street Address

for enrollment, or

City and Province

for address change

Postal Code

email address

Claims Options

claims payment by **Cheque**

claims payment by **Direct Deposit**

email address

refer to notes

Employer**Company Name**

Signing Officer

printed name

Current Date

Signature

signature of company signing officer

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