



HSA Employee Change Form

Employee: Please complete and sign section 1. Complete changes in sections 2 - 5 where applicable. Submit to Benecaid. If applying for *hsacomplete™*, an *hsacomplete™* Application must be submitted with this form. If adding dependents to *hsacomplete™*, an *hsacomplete™* New Dependent Application must be submitted with this form.

1. EMPLOYEE INFO	Company Name:		Group Policy #:
	Last Name:	First Name:	Client ID:
	<input type="checkbox"/> I hereby acknowledge that all information contained herein is accurate and truthful.		
	Signature:		Date Signed: YYYY MM DD

2. CONTACT CHANGE	Street Address:		Unit #:	PO Box:
	City:		Province:	Postal Code:
	Telephone:	Email:		

3. NAME CHANGE	Relationship	Change	Last Name	First Name	Effective Date
<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child	Previous Name				YYYY MM DD
	New Name				

4. DEPENDENT CHANGE	Change	Relationship*	Last Name	First Name	Date of Birth	Gender M / F	Effective Date
<input type="checkbox"/> Add <input type="checkbox"/> Remove					YYYY MM DD		YYYY MM DD
					YYYY MM DD		YYYY MM DD
					YYYY MM DD		YYYY MM DD
					YYYY MM DD		YYYY MM DD
					YYYY MM DD		YYYY MM DD

* A person related by blood/marriage or law who is financially dependent upon you. Common-law spouses must have resided with you for the past 12 consecutive months.

hsacomplete™ Policy Holders: You must complete and submit an *hsacomplete™* New Dependent Application.

hsacomplete™ and *travelassist®* Policy Holders: If your dependent child is 21 through 25 years of age you must provide proof of paid full-time student status. If your dependent child is disabled and 21 years of age or older you must provide documentation from a medical practitioner confirming your dependent child's disability.

5. PRODUCT CHANGE	Add Product	Terminate Product	Effective Date
<input type="checkbox"/> HSA Complete Single <input type="checkbox"/> HSA Complete Couple <input type="checkbox"/> HSA Complete Family <input type="checkbox"/> Travel Assist Single <input type="checkbox"/> Travel Assist Family	<input type="checkbox"/> HSA Complete Single <input type="checkbox"/> Travel Assist Single <input type="checkbox"/> Premiere Plan Single <input type="checkbox"/> HSA Complete Couple <input type="checkbox"/> Travel Assist Family <input type="checkbox"/> Premiere Plan Family <input type="checkbox"/> HSA Complete Family		YYYY MM DD
	<p><i>hsacomplete™</i> Applicants: You must complete and submit an HSA Complete Application along with this form.</p> <p><i>hsacomplete™</i> and <i>travelassist®</i> Applicants: If your dependent child is 21 through 25 years of age you must provide proof of paid full-time student status. If your dependent child is disabled and 21 years of age or older you must provide documentation from a medical practitioner confirming your dependent child's disability.</p>		