Change Request Form

OPA Secure Health Plan & 70s Plus Seniors Plan

ONTARIO PHARMACISTS ASSOCIATION
Advocating Excellence in Practice and Care

Name of Insured _____

Firm # _____ Certificate # _____

Change to be made	Details of Change	Date of Change (YYYY/M/DD)
❑ Address Change	New Address:	
❑ Name Change	Previous Name: New Name: Reason for change:	
❑ New Marital Status If checked, please see *Dependent Status* below and attached *Beneficiary Change form*	❑Single ❑Married ❑Widowed ❑Separated ❑Divorced ❑ Common Law (Please provide date you began living together)	
❑ Change Duplicate Coverage ❑ Cancel Duplicate Coverage ❑ Change Coverage level ❑ Bronze ❑ Silver ❑ Gold Where applicable, benefit payments will be coordinated between this plan and your spouse's plan.	What group benefit coverage does your spouse have through his/her employer? Health care: ❑Single ❑Family ❑Waived ❑None Dental: ❑Single ❑Family ❑Waived ❑None If applicable, please indicate Policy # and Insurance Co.	
❑ Dependent Status	❑ Change from single to family coverage ❑ Change from family to single coverage	

List all your dependents affected by the change, including your spouse:

	Date of Change (YYYY/MM/DD)	First and Last Name	Relationship	Birth date (YYYY/MM/DD)	Gender
❑ Add ❑ Change ❑ Delete					
❑ Add ❑ Change ❑ Delete					
❑ Add ❑ Change ❑ Delete					
❑ Add ❑ Change ❑ Delete					

Insured's signature (Please sign and date here)

Declaration: I hereby apply for benefits for which I am, or may become, eligible. I certify that the information above is true and complete, to the best of my knowledge. I authorize Maximum Benefit and its insurance companies, its advisors and service providers to use and exchange information needed for underwriting, administration and adjudicating claims under this plan with any person or organization who has relevant information about me in connection with this application, including health professionals, institutions, insurers and reinsurers.

Insured's signature_____ Date signed _____

Employer's signature_____ Date signed _____

MAXIMUM BENEFIT
1051, rue King Edward Street, Winnipeg MB R3H 0R4