

Enrollment and Change Form

please Print or Type and use additional Pages if needed

	Type of Changes	Date Effective	Employee Last Name	Employee First Name	Single or Family	Class if Applicable
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____	_____

Changes: enter Addition, Deletion, or Status (for Single, Family, Class changes)

Name of **Employer** _____

Signature for **Employer** _____
signature of **authorized Signing Officer**

printed name of **above Signing Officer**

signed on **Month, Day, Year** _____

Send Form to:

Assureflex Corporation
Post Office Box 81, Strathroy, Ontario N7G 3J1
telephone: (519) 245-3283 local to London and area
toll free: (866) 928-6511 in Ontario only

website: <http://www.assureflex.com>

email: mailroom@assureflex.com