|  | Enrollment and Change Form |
| :---: | :---: |
| Transaction | O enrollment of new employee <br> O 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 Single or Family | for enrollment or change for enrollment or change |
| Employee Name Employee Name | current name for name change |
| Street Address <br> City and Province <br> Postal Code email address | for enrollment, or for address change |
| Claims Options email address | claims payment by Cheque <br> claims payment by Direct Deposit |
| note: <br> note: | required for Direct Deposit through VersaPay must be different than for VersaPay invoicing |
| Employer |  |
| Company Name Signing Officer | printed name |
| Current Date | - |
| Signature | signature of company signing officer |
|  | Assureflex Corporation <br> Post Office Box 81, Strathroy, Ontario N7G 3J1 toll free fax: (855) 280-3295 in Ontario only email: mailroom@assureflex.com |

