



## NOTICE OF CHANGE

Member Firm \_\_\_\_\_ Policy No. \_\_\_\_\_

**New Member (attach Enrolment Forms)**

Name of Member	Date Coverage Effective

**Terminating Members**

Certificate Number	Name of Member	Date Terminated

**Salary Changes**

Certificate Number	Name of Member	Current Salary	New Salary	Effective Date of Change

**Other Changes (Including name and birth date of additional dependents)**

Certificate Number	Name of Member	Nature of Change	Effective Date of Change

Date \_\_\_\_\_ Signature of Administrator \_\_\_\_\_

Return Completed form to: Skipwith & Associates 53 Churchill Drive, Unit 1A Barrie, ON L4N 8Z5  
 Phone: 705-734-6279 1-866-529-2988 Fax: 705-734-9725  
 email: [teamservice@skipwith.ca](mailto:teamservice@skipwith.ca)