



# Company Information Change Form

Send to:  
Attention: Changes  
185 The West Mall, Suite 800  
Toronto, Ontario M9C 5L5

Fax: 1-877-797-7449

Email: changes@benecaid.com

**Plan Administrator:** Please complete and sign section 1. Complete changes in sections 2 - 4 where applicable.

## 1. GROUP INFORMATION

Company Name:		Group Number:
Plan Administrator Name:	Signature:	Date Signed: (yyyy/mm/dd)

## 2. COMPANY NAME CHANGE

New Company Name:
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## 3. COMPANY ADDRESS, PHONE, EMAIL CHANGE

Street Address:		Unit #:	PO Box:
City:		Province:	Postal Code:
Telephone:	Fax:	Email:	

## 4. CHANGE OF PLAN ADMINISTRATOR

Request	Last Name	First Name	Email	Position
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Admin <input type="checkbox"/> Billing
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Admin <input type="checkbox"/> Billing
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Admin <input type="checkbox"/> Billing
<input type="checkbox"/> Add <input type="checkbox"/> Remove				<input type="checkbox"/> Admin <input type="checkbox"/> Billing