

**SINGLE FAMILY CHANGE FORM**

Date: \_\_\_\_\_  
(yyyy-mm-dd)

ID Number:

Company Name: \_\_\_\_\_

Use this form to make changes to the individuals (spouse and other dependants) covered under this plan or to the company information that HealthSmart has on record. This form may be submitted free of charge once per calendar year. If you are submitting a second form in a calendar year, you must enclose a cheque for a plan change fee of \$25.00 (GST exempt).

Remember that the Single Family Plan is only for a company with one employee. If you now have more than one employee, please contact HealthSmart to change your plan to a Managed Plan.

Please select the type of change you would like to make:

- Change Individual(s)    Change Plan Administrator    Change Company Contact Information    Other

Please describe the change (for example: John Smith, son of the the employee has moved out and is no longer a covered dependant) and provide an effective date if it is not immediate.

Please send this form along with a cheque for \$25.00 (if applicable) to the address above. If the form is incomplete, or the appropriate payment is not enclosed the form may not be processed. If the plan administrator is changed, HealthSmart staff may contact the Plan Holder to confirm this change.

Signature of plan administrator approving above changes: \_\_\_\_\_