

GROUP TRANSMITTAL FORM

Employer Information	Employer / Agency Name:	Location Number:			
Change Policy	<p>All benefit and / or coverage changes must be received by OASSIS within 31 days of the benefit eligibility date or the date of a qualifying life event under the group benefit plan provisions.</p> <p>If written notice is received at OASSIS more than 31 days after the effective date of the requested change, applicable plan restrictions or limitations will apply.</p> <p>Please note - As per the policy, credits for retroactive changes will be limited to one month of premium.</p> <p>Please contact your OASSIS Benefits Administrator for additional assistance with any changes.</p>				
List / Identify Type of Change Please list each type of change on a separate line on this form and attach any additional required documents.	<p>Type Of Change:</p> <p>S Salary Change - Provide new annualized earnings. DATE = the date earnings became effective to the employee</p> <p>ES Employment Status Change - (change to Part-time, Full-time etc.) DATE = the date employee status changed</p> <p>T1 Termination of Employment - Voluntary - (resigned, retired, end of contract) DATE = last active date of work</p> <p>T2 Termination of Employment - Involuntary - (employer initiated dismissal) DATE = last active date of work</p> <p>T3 Termination of Benefits Due to Insufficient Weekly Hours - DATE = the date of the hours change</p> <p>T4 Termination of Benefits while employee is on leave of absence Specify type of leave & submit Leave Form.</p> <p>C4 Continuation of Benefits while employee is on leave of absence Specify type of leave & submit Leave Form.</p> <p>T5 Voluntary Termination of Benefits – while employment continues (if applicable)</p> <p>Please submit this form by email to your OASSIS Benefits Administrator. Please call if further assistance is required.</p>				
Member Last Name, First Name	OASSIS Certificate Number or GSC Member Number	DATE (YYYY-MM-DD)	Type of Change	New Annualized Earnings (for changes affecting earnings)	Details - IE -Status Change Type, New Hours, Leave of Absence Type
Employer Authorization	Authorized by: Name: _____ Title: _____ Date: _____				