

Manitoba Blue Cross Flex Plan Change Form

Employee Name _____

Employee # _____

Blue Cross ID Card Certificate # _____

Please complete the appropriate section(s) and return form to Human Resources.
If this change is within 60 days of a prescribed Life Event and you are also changing your Flex Plan Option, return your completed Flex Plan Option Change form to Human Resources along with this form.

NAME CHANGE – FOR EMPLOYEE, SPOUSE OR DEPENDENT

From _____ To _____

If name change is due to marriage, Addition of Spouse section must be completed.

ADDITION OF SPOUSE AND/OR DEPENDENT(S)

1. First Name _____ Last Name _____

Relationship to Employee:

Spouse Common-Law Spouse Child Common-Law Child Other, specify _____

Date of Birth (yyyy/mm/dd) _____ Gender: Male Female

For addition of spouse/common-law spouse: Date of Marriage/Cohabitation (yyyy/mm/dd) _____

2. First Name _____ Last Name _____

Relationship to Employee:

Spouse Common-Law Spouse Child Common-Law Child Other, specify _____

Date of Birth (yyyy/mm/dd) _____ Gender: Male Female

For addition of spouse/common-law spouse: Date of Marriage/Cohabitation (yyyy/mm/dd) _____

For additional dependents, enter information under Other Changes below.

DELETION OF SPOUSE OR DEPENDENT

First Name _____ Last Name _____

Reason _____ Date Reason Occurred (yyyy/mm/dd) _____

For additional deletions, enter information under Other Changes below.

OTHER CHANGES (SPECIFY)
