

GROUP TRANSMITTAL FORM

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|--|---|--------------------------|-----------------------|---|---|
| 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> | | | | |
| 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 |
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| Employer Authorization | Authorized by: Name: _____ Title: _____ Date: _____ | | | | |

Please submit this form by **email to your OASSIS Benefits Administrator**. Please call if further assistance is required.