

GROUP TRANSMITTAL FORM

Agency Information	Agency Name:		Agency ID#/ Location Number:		
OASSIS Policy	<p>All attachment required documents must be received by OASSIS within 31 days from the benefit eligibility date or qualifying life event date under your group benefit plan. If written notice is received after 31 days, any applicable plan restrictions/limitations will apply.</p> <p>The OASSIS policy for each type of change is outlined on each form. Refer to the forms for more details and/or contact your OASSIS Benefits Administrator.</p> <p>Original signatures on the enrolment form are required. Mail the completed enrolment form to OASSIS.</p> <p>No adjustments will be made for retroactive termination of employees.</p>				
List/Identify Type of Change Please list each type of change on a separate line on this form and attach the appropriate documents.	<p><u>Type Of Change:</u></p> <p>N = New Enrolment – Enrolment Form Required R = Reinstatement/Rehire - Reinstatement Form Required D = Dependent or Benefit change - Data Change Form Required B = Beneficiary Change - Beneficiary Designation Form Required S = Salary Change - Provide new earnings and effective date below T1 = Termination of Employment – employee resigned, employee dismissal T2 = Termination for Insufficient average weekly earnings/ hours T3 = Termination of Benefits while employee is on a medical leave – details required T4 = Voluntary Termination of Benefits during Maternity/Parental or WSIB T5 = Voluntary Termination of Benefits – while employment continues (if applicable)</p>				
Employee Name	Certificate ID Number	Effective Date/ Term Date (YYYY-MM-DD)	Type of Change	Annualized Earnings	Comments
Authorization	Authorized Agency Name: _____ Date: _____				

Submit this form using one of the following methods: Mail/ Fax/ Email Your OASSIS Benefits Administrator