



Canadian Benefit Administrators
 124 Main Street South
 Georgetown, ON L7G 3E6
 Phone: (905) 873-4103 x.248 Fax: (905) 873-1860

GENERAL TRANSACTION FORM
 Add or Delete Employees
 Change in Dependents
 and more

Division No. _____

Name of Employer _____

Name of Employee (FIRST / LAST)	CERT NO.	ACTION CODE	EFFECTIVE DATE M/D/Y	COMMENTS	DRUG CARD Returned?

Date: _____

Authorized By: _____

Telephone #: _____

ACTION CODES:

- A = Addition of New Member (Enrolment Form must be attached)
- T = Termination (Please collect and return drug card and travel card if possible)
- S = Salary Change (Show new amount of payment frequency in 'Comments')
 - Frequency: A = Annual, M = Monthly, W = Weekly, B = Bi-weekly
 - H = Hourly (must show number of hours worked per week in 'Comments')
- C = Classification Change (show old and new class in 'Comments')
- N = Name Change (show new name and reason for change in 'Comments')
- D = Dependents Change (change from single, couple, family, show reason in 'Comments')
- M = Miscellaneous Change (show reason in 'Comments')