

## CHECKLIST - FORMS TO BE COMPLETED FOR CHANGES

Change Type	Forms Required
<b>Add / Remove Dependent</b>	<ul style="list-style-type: none"> <li>✓ Enrollment Form (Complete the “Covered Dependents Section)</li>   <li style="text-align: center;"><u>ADD DEPENDENT CHILD</u></li>   <li>✓ Child declaration of health up to age 16 years)</li> <li>✓ Adult Health Declaration for over age 16 years</li> <li>✓ Certified Birth Certificate</li> <li>✓ All Legal Court Documents for Adopted Children</li> <li>✓ Covid-19 questionnaire</li> <li>✓ <b>Full Medical (As advised by Insurer and at the insured’s cost)</b> <b>**Subsequent examinations / diagnostic tests may be required</b></li>   <li style="text-align: center;"><u>ADD DEPENDENT SPOUSE</u></li>   <li>✓ Adult Health Declaration</li> <li>✓ Covid-19 questionnaire</li> <li>✓ Certified picture identification</li> <li>✓ Certified Marriage Certificate (for married persons)</li> <li>✓ Common-Law Declaration (for persons in common-law relationship)</li> <li>✓ <b>Full Medical (As advised by Insurer and at the insured’s cost)</b> <b>**Subsequent examinations / diagnostic tests may be required</b></li> </ul>
<b>Change Beneficiary</b>	<ul style="list-style-type: none"> <li>✓ Beneficiary Nomination Form</li> <li>✓ Certified picture identification (beneficiary)</li> </ul>