

CHANGE CODES

CODE	SIGNIFICATION	COMMENTS
41	MEMBERSHIP REQUEST	INDICATE THE ELIGIBILITY DATE
43	REQUEST FOR DEPENDENT COVERAGE. IF THE INSURANCE OF THE SPOUSE WAS CANCELLED INDICATE THE CANCELLATION DATE AND COMPLETE THE FORM 565 (SECTION B)	INDICATE THE WEDDING DATE OR COHABITATION DATE
44	END OF WAIVER OF PREMIUM	INDICATE THE DATE
46	TEMPORARY LAY OFF /WITH PROTECTION (LIFE, MEDICAL AND DENTAL THE CASE MAY BE)	INDICATE THE DATE OF THE LAY OFF
47	REINSTATEMENT	INDICATE THE DATE OF THE RETURN TO WORK
48	ADDITIONAL BENEFIT	IF YOU ARE ADDING MEDICAL OR DENTAL BENEFITS, PLEASE COMPLETE THE FORM (565 SECTION B)
51	WORK TERMINATION	INDICATE THE DATE
53	TERMINATION OF DEPENDENT COVERAGE	INDICATE THE DATE OF TERMINATION
45	CLASS OR DIVISION CHANGE	INDICATE THE NEW CLASS OR DIVISION AND THE DATE
56	REINSTATEMENT OF DISABILITY AFTER A TEMPORARY LAY OFF	INDICATE THE DATE OR RETURN TO WORK
57	DEATH	INDICATE THE DATE OF DEATH
60	SALARY CHANGE	INDICATE THE EFFECTIVE DATE AND THE NEW SALARY
62	NAME	INDICATE THE NEW NAME
63	CHANGE OF BENEFICIARY	COMPLETE THE CHANGE OF BENEFICIARY FORM (576)
OTHERS	C.S.S.T. / PREVENTIVE LEAVE / UNPAID LEAVE, STRIKE, LOCKOUT	DATE OF DEPARTURE

INSTRUCTIONS

1. ANY CHANGE THAT MODIFY THE INSURED'S STATUS MUST BE DECLARED TO THE INSURER WITHIN 30 DAYS; AFTER THAT DELAY, A DECLARATION OF INSURABILITY WILL BE REQUIRED.
2. THE NEW EMPLOYEES MUST FILL OUT THE **APPLICATION REQUEST FORM (560)**.
3. A CHANGE OF BENEFICIARY IS DECLARED WITH A **CHANGEMENT OF BENEIFICIARY FORM (576)**.
4. WITH THE **ACCOUNT STATEMENT**. THE INSURER WILL RETURN A NEW EMPLOYEE CARD FOR EACH DECLARED CHANGE.
5. VERIFY IF THE DECLARED CHANGE HAS BEEN MADE BY THE INSURER.
6. **IMPORTANT:** ALWAYS INDICATE AS THE EFFECTIVE DATE, THE **REAL DATE** OF THE EVENT THAT LEADS TO A CHANGE.

575-A (11-12)

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