D&R Insurance
Administrators Inc.

REPORTING FORM

Please print clearly in INK. Once you have completed this form and attached any additional documentation required, you must mail the original form to D&R Insurance Administration Inc., address found at the bottom of this form. If you have any questions, please call D&R Insurance at 905.819.9699 or toll free 1.800.521.0023.

Policy #	Division N°.	Policyholder / Employer

INSTRUCTIONS - PLEASE READ CAREFULLY

1. **New Lives and Reinstatements** — Please indicate their date of hire under the "Exact Date of Change" column. Attach a completed "Group Insurance Full Enrolment" form.
2. **Marital Status** — Attach completed forms for changes as required.
3. **Terminations** — Please show the employee's last date worked, under the "Exact Date of Change" column.
4. **Changes** — Please explain in detail.
5. **Salaries** — Show new earnings for employee if your benefits are based on earnings. Salaries must be reported within 30 days of the effective date of change.

NAME OF EMPLOYEE	CERTIFICATE NO.	EXACT DATE OF CHANGE DD/MM/YY	NEW SALARY	INDICATE EXACT CHANGE	EXPLANATIONS

COMMENTS

AUTHORIZED SIGNATURE	DATE (DD/MM/YYYY)

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