

The Edge Benefits is requested and authorized to make the changes below.

SECTION 1: GENERAL INFORMATION (PLEASE PRINT CLEARLY)

Policy Number(s) _____

Insured Person _____
 Last Name First Name Email _____

_____ Date of Birth (MM/DD/YYYY) Home Phone Alternate Phone

_____ Mailing Address _____
 Street Apt/Suite City/Town Province Postal Code

INSTRUCTIONS:

1. **Only complete the sections of the form where change is required.**
2. Before returning, please check that the appropriate section is fully completed and the signatures have been witnessed and dated.

SECTION 2: ADDRESS CHANGE

New Address _____
 Street Apt/Suite City/Town Province Postal Code

_____ New Home Phone New Alternate Phone Effective Date of Change

 _____
 Signature of Policy Owner Date

SECTION 3: CHANGE OF NAME

Please Attach Original or Notarized Copies of Legal Documents

Reason for Change:

Marriage Divorce Date of Change: _____

Error (explain) _____

Court Order (explain) _____

 _____
 Signature of Policy Owner  _____
 Signature of Witness

Print Witness Name _____ Date _____
 Last Name First Name

Address of Witness _____
 Street Apt/Suite City/Town Province Postal Code

The EDGE Plans are administered by The Edge Benefits Inc. ® Registered Trademark of the Edge Benefits Inc. EDGE Loss of Income/Roadside EDGE Loss of Income and Business Overhead Expense Benefits (Injury and Illness) insured by Co-operators Life Insurance Company. Accidental Death & Dismemberment, Critical Illness, Guaranteed Issue Life Benefit, Lifestyle Protection Enhancer and Fracture Accident Benefit insured by Chubb Life Insurance Company of Canada. Health & Dental plans provided and underwritten by Green Shield Canada Insurance. Travel Emergency Medical Coverage insured by Beneva Inc. JAN25