Used Car Dealers Association
UCDA
MEMBERS ONLY HEALTH PLAN

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')