

## RWAM INSURANCE ADMINISTRATORS INC.

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Attention: Group Administration Department

## Report of Employee Transactions

Group Policy #		Division	า #		Name of F	Policy	holder					
CERTIFICATE NO.	EMPLOY First Name	YEE Surname	ADDITIONS		TERMINATIONS/LAY-OFFS	CHANGES					TRANSFERS	
			New	Re- instatement	TERMINATION/ RE-INSTATEMENT OF EMPLOYMENT yy / mm / dd	Status Change	NEW OCCUPATION	NEW WAGE	HRS/ WEEK	DATE OF CHANGE OF OCC., WAGE, ETC.	DATE OF TRANSFER yy/mm/dd	NEW GROUP DIVISION CLASS
Please enclose the applicable forms/cards that correspond with the above transactions.  t is not necessary to return Drug Cards for terminated employees – please destroy them.						onal C	omments		<u>.I</u>	1		