



Name Change

Please submit completed form to BBD:
500-2755 Lougheed Highway, Port Coquitlam, BC V3B 5Y9
Fax: 604.464.7997 Toll Free: 800.667.1336

Name of Employer:

- ▶ *To use this form you must already be insured under your employer's plan.* ◀
- ▶ *For a new enrollment complete a Group Insurance Enrollment form.* ◀

▶ Employee – Complete for Change of Name ◀		
<i>Former</i> Employee Last Name	First Name	Initial
<i>New</i> Employee Last Name	First Name	Initial
Reason for Name Change		
<input type="checkbox"/> Marriage (complete a Dependent Status Change form) <input type="checkbox"/> Other (specify) _____		