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**LIFESTYLE  
ADJUSTMENT/CHANGE  
FORM**

Policy No.: \_\_\_\_\_ Div. No.: \_\_\_\_\_ Date: \_\_\_\_\_ Completed By: \_\_\_\_\_

Group Name: \_\_\_\_\_

EMPLOYEE NAME	ID NO.	CLASS	REASON CODE (see below)	EFFECTIVE DATE OF CHANGE (S)	PLEASE INCLUDE DETAILS

Reason Codes (please insert the applicable Reason Code for each employee in the column above)

1 - Earnings Change  
2 - Occupation Change  
3 - Termination - employment  
4 - Termination - employee cancels

5 - Division Transfer  
6 - Termination - layoff or leave of absence  
7 - Province of Work Change  
8 - Retirement Date

9 - Class Change  
10 - Province of Residence Change  
11 - Other (Describe Briefly)