



Change Form

Plan Member Information		
Agency Name		Plan Member Name
Name Change		
Change Member's Name From		Change Member's Name To
Change to Coverage		
Change to Family Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please complete one of the following:
1. Change due to: <input type="checkbox"/> Marriage <input type="checkbox"/> 12 Months Co-habitation		Date of Marriage/Co-habitation (yy/mm/dd)
Spouse's Name		Spouse's Date of Birth (yy/mm/dd)
2. Change due to termination of spouse's insurance plan: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Termination of Spouse's Plan (yy/mm/dd)
Spouse's Name		Spouse's Date of Birth (yy/mm/dd)
Confirmation required, i.e. letter from previous employer or letter from insurance company.		
3. Change due to addition of a dependent child: <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for Addition of Dependent Child
Child's Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Child's Date of Birth (yy/mm/dd)
Child's Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Child's Date of Birth (yy/mm/dd)
Change to Single Coverage <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please complete one of the following:
1. Change due to separation, divorce or death of spouse	Date of Separation/Divorce (yy/mm/dd)	Date of Death (yy/mm/dd)
2. Change due to dependent child no longer eligible	Child's Name	Effective date (yy/mm/dd)
Beneficiary Change		
Beneficiary Name (first, last)	Relationship to Plan Member	% Allocated
Beneficiary Name (first, last)	Relationship to Plan Member	% Allocated
Other Changes (i.e. salary changes, etc.)		
Changes		Effective date (yy/mm/dd)
Termination of all Coverage		
Reason for Termination		Last day worked (yy/mm/dd)
Certification and Authorization		
All statements, representations and answers made in this form whether written or printed are declared to be true, full and complete.		
Signature of Plan Member	Employer Signature	Date signed (yy/mm/dd)