



CHANGE FORM

SECTION 1 - PURPOSE OF THIS FORM - (check appropriate reason)

- Change of selection period, open enrollment, or package change.
- Change of address and/or telephone number (please give new information below).
- Name change. Previous: _____ List new name(s) below.
- Adding dependents. List name(s) and birthdate(s) of family members below.
Reason: Open Enrollment Marriage (date)_____ Overage Child Divorce - date divorce final _____ Other_____
- Deleting dependents. List name(s) and birthdate(s) of family members below.
Reason: Open Enrollment Marriage (date)_____ Overage Child Divorce - date divorce final _____ Other_____

SECTION 2 - BENEFIT INFORMATION

Marital Status Single Married Widowed Divorced Legal Separation

Employment Information

Name of Employer: _____
 Date of Hire: _____
 Job Title: _____
 Division/Location: _____

I am applying for:

- Employee Only
- Employee/Spouse
- Employee/Family
- Employee/Child(ren)

SECTION 3 - EMPLOYEE AND FAMILY INFORMATION (list all family members to be covered)

Employee Last Name	First	MI	Birthdate	Gender	
Employee's Address	City	State		Zip	
Home Phone	Work Phone	Social Security Number			
Spouse Last Name	First	MI	Birthdate	Gender	
Social Security Number					
Dependent's Last Name	First	MI	Relationship	Birthdate	Gender
Social Security Number					
Dependent's Last Name	First	MI	Relationship	Birthdate	Gender
Social Security Number					
Dependent's Last Name	First	MI	Relationship	Birthdate	Gender
Social Security Number					
Dependent's Last Name	First	MI	Relationship	Birthdate	Gender
Social Security Number					

* Relationship refers to son, daughter or step child.

Your Plan may have a preexisting exclusion period. A preexisting period must be reduced by any prior creditable health coverage you and/or your dependent(s) may have had as long as there was less than a 63 day break in coverage. You have the right to provide evidence of prior coverage. Check with your employee benefits administrator for details.

TO ACCEPT COVERAGE PLEASE COMPLETE AND SIGN THE REVERSE SIDE

