

Last Name	First Name	MI	Social Security No.	Date of Birth
				/ /
Home Address			City	State
Date of Change	/ /	Phone Number	()	

CHANGE OPTIONS	
<i>Please fill out the appropriate Section(s) of this form for the change(s) you wish to make.</i>	
Change Coverage Selection <i>(there must be a family status change)</i>	Section A
Add/Drop Dependents	Section B
Name Change	Section C
Address & Phone Number Change	Section D
Change from Active to Retiree Status	Section E

Section A: Change Coverage Selection	
Family Status Change (See Codes below Section B)	
Change Coverage Selection To:	
<input checked="" type="checkbox"/>	No Change
<input checked="" type="checkbox"/>	Employee Only
<input checked="" type="checkbox"/>	Employee + 1
<input checked="" type="checkbox"/>	Family
<input checked="" type="checkbox"/>	Retiree Under 65
<input checked="" type="checkbox"/>	Terminate Coverage - Other Coverage in Effect

Section B: Add/Drop Dependents						
Add/Drop <i>(Circle One)</i>	Name <i>(Last Name, First Name M.I.)</i>	Sex <i>(M or F)</i>	Birthdate	SSN	Relationship <i>(e.g., Spouse, Son, Step-child, etc.)</i>	Reason for Add/Drop* <i>(See Codes Below)</i>
A D						
A D						
A D						
A D						
A D						

*Add & Drop Codes and Required Documentation						
M Marriage <i>(Attach Marriage License)</i>	B Birth <i>(Attach Birth Certificate)</i>	A Adoption <i>(Attach Adoption Papers)</i>	V Divorce <i>(Attach Divorce Decree)</i>	D Death <i>(Attach Death Certificate)</i>	C Addition/Loss of Other Coverage <i>(Attach Document Noting Change Details)</i>	T Spouse/Dependent's Change of Employment Status <i>(Attach Document Noting Change Details)</i>
E Spouse's Open Enrollment <i>(Attach Letter from Spouse's Employer)</i>		O Other - Please describe reason here:				

Section C: Name Changes (Marriage, Adoption, etc.) -- Provide copy of social security card or other supporting legal document.	
Old Name:	New Name:

Section D: Address Change				
New Street Address	City	State	Zip	Phone No.
				()

Section E: Change from Active to Retiree Status (Under Age 65 Only)					
<i>Retirees must also complete an Automated Clearinghouse (ACH) Withdrawal form for coverage contributions.</i>					
	Name <i>(Last Name, First Name M.I.)</i>	Sex <i>(M or F)</i>	Birthdate	SSN	Effective Date
Retiree Info:					
Spouse Info:					

PLEASE ATTACH APPROPRIATE DOCUMENTATION TO VERIFY ALL REQUESTED CHANGES.	
Employee Signature	Date Signed

Submit this form to Human Resources