



Request for Change of Name, Address, Beneficiary or Addition

I hereby request the following changes in connection with my group insurance:

Employee Name (Please PRINT): (Last) (First) (Middle Initial)

A. Change my name - From: (Last) (First) (Middle Initial)

To: (Last) (First) (Middle Initial)

Reason for Change:

B. Change my beneficiary - To: (Last) (First) (Middle Initial)

Relationship to Employee:

By this request I revoke all prior beneficiary designations.

C. Add coverage for: Spouse only Child(ren) only Spouse and Chil(ren)

D. Cancel coverage for: Employee only Child(ren) only Employee & all Dependents Spouse only Spouse and Child(ren)

Type of coverage added / cancelled: Medical Dental Vision Life Other

List persons adding / canceling coverage: (The name, date of birth, social security number and the effective date of change of each person adding or canceling coverage must be listed)

Table with 9 columns: Last Name, First Name, MI, Sex, Date of Birth, Social Security Number, A=Add C=Cancel, Effective date of change. Rows include Employee, Spouse, Child, Child, Child, Child.

Reason for change:

E. Certificate of Creditable Medical Coverage - Complete when adding coverage.

Do you or your dependents have previous creditable medical coverage under another health plan such as an employer sponsored group health plan or HMO, individual policy, Medicare, Medicaid or Campus? Yes No

If YES, a copy of any certificates of creditable medical coverage may be required prior to any claims being processed under this plan. Certificate attached Certificate being forwarded

F. Change my mailing address: Street

City State Zip Code

I understand that my election of coverages above does not automatically guarantee that coverage is in force. All eligibility requirements of the policy(ies) must be properly satisfied before coverage becomes effective.

Signature of Employee (required -except for termination of employment) Social Security Number Name of Employer

Witness Date (required) Division / Location