

Enrollment Change Request Form

(This form should be used for miscellaneous membership changes. It cannot be used for open enrollments or for additions of any type and must be completed by a Group Administrator.)

Please complete in black ink, keep second part for your records and third part for your employee's records.

Employer Name _____ **Group/Section #** _____

Member Name _____ **Social Security Number (SSN)** ____ - ____ - ____

This request is a change for: employee dependent all family members

For dependent change: **Spouse's Name** _____ **SSN:** ____ - ____ - ____ **Date of Birth** ^{MM} / ^{DD} / ^{YYYY} ____ / ____ / ____

Child's Name _____ **SSN:** ____ - ____ - ____ **Date of Birth** ^{MM} / ^{DD} / ^{YYYY} ____ / ____ / ____

Change Name to _____

Change Address to _____

Medicare:

Employee **Spouse** **Child** is now Medicare eligible. Please complete the section below:

HIC #	Medicare B	ESRD Dialysis	Disability
Medicare A	Start Date:	Start Date:	Start Date:
Start Date:	End Date:	End Date:	End Date:

Termination/Continuation of Coverage:

Health Coverage **Dental Coverage** **Life Coverage**

Due to: Left Employment As of: ____/____/____ Child reached limiting age As of: ____/____/____ No longer full time student As of: ____/____/____ Divorce As of: ____/____/____ IL Continuation begun As of: ____/____/____	IL Continuation ended As of: ____/____/____ COBRA Eligibility begun As of: ____/____/____ COBRA ended As of: ____/____/____ Death (effective date is date AFTER death) As of: ____/____/____ Other (explain) _____ As of: ____/____/____
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Changes to Life Benefit and/or Beneficiaries:

Amount of Life Insurance Give new salary \$ _____ hourly weekly monthly annually
 Amount of Insurance AFTER change \$ _____
 New Job Title _____

Beneficiary(ies) –This revokes any current beneficiary designations. Change my beneficiary(ies) to:

1) Last Name _____ First Name _____ Relationship _____ Date of Birth ____/____/____
 Address _____

2) Last Name _____ First Name _____ Relationship _____ Date of Birth ____/____/____
 Address _____

Employer or Group Administrator Signature _____

Date _____