

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) _____ - ____ - ____

Member Date of Birth _____

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: ___/___/___	IL Continuation ended	As of: ___/___/___
Child reached limiting age	As of: ___/___/___	COBRA Eligibility began	As of: ___/___/___
No longer full time student	As of: ___/___/___	COBRA ended	As of: ___/___/___
Divorce	As of: ___/___/___	Death (effective date is date AFTER death)	As of: ___/___/___
IL Continuation began	As of: ___/___/___	Other (explain) _____	As of: ___/___/___

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 _____

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