

## 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 <sup>MM</sup> / <sup>DD</sup> / <sup>YYYY</sup> \_\_\_\_\_  
 Child's Name \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_ Date of Birth <sup>MM</sup> / <sup>DD</sup> / <sup>YYYY</sup> \_\_\_\_\_

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