



Name or Address Change*

Member
SSN

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial

Date of Birth

		/			/														
--	--	---	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Marital Status

Single

Married

Married (Common Law)

Mailing Address

City, State & Zip

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Home Phone

			-				-												
--	--	--	---	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--

Work Phone

			-				-												
--	--	--	---	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--

If you have changed your name, please indicate former name

Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Initial

* If change of Name and/or Address is due to Marriage or Divorce, then this is not the appropriate form. Due to there no longer being a spouse, or there now being a spouse, and with the knowledge that Spouse's are covered under our Life insurance policy; it will therefore, be necessary to complete a new Enrollment Application indicating a change of coverage.

Member's Authorization of this Change of Name or Address

I authorization the Plan Administrators office to effect a change in my name and/or address.

Employee Signature

Date

This Section for Entity Benefit Coordinator Use Only

Entity Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type of Change

Address Change

Name Change

Effective Date

		/			/														
--	--	---	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SEND THE ORIGINAL OF THIS PAGE TO THE PLAN ADMINISTRATOR IMMEDIATELY