

WMI[®] MUTUAL INSURANCE[™] COMPANY
❧ REQUEST FOR CHANGE OF STATUS OR COVERAGE ❧

Employee Name: _____ SSN: _____

Company Name: _____

Change of Name

From: _____

First Last M.

To: _____

First Last M.

Change in classification to:

Single Employee & Spouse Employee & Child Employee & Children Family

Reason for change in classification:

Divorce or Legal Separation Child No Longer Qualifies as Dependent Voluntary Termination of Coverage

Marriage Birth or Adoption Date Change Occurred _____

Spouse	Birth Date	Social Security Number
_____	_____	_____
Dependents	Gender	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

Change in Beneficiary:

To: _____ Relationship _____

Beneficiary

To: _____ Relationship _____

Contingent Beneficiary

Employee Signature: _____

Change of Status WMI (6/04)

Date: _____

2011