



REQUEST FOR CHANGE OF STATUS OR COVERAGE

Employee Name: _____ SSN: _____

Company Name: _____

Change of Name

From: _____

First M. Last

To: _____

First M. Last

Change in classification to:

- Single Employee & Spouse Employee & Child Employee & Children Family

Reason for change in classification:

Date change occurred: _____

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

- Marriage Birth or Adoption Other: _____

Spouse Gender Birth Date Social Security Number

Table with 4 columns: Dependents, Gender, Birth Date, Social Security Number. Includes multiple rows for data entry.

Change in Beneficiary:

To: _____ Beneficiary Relationship

To: _____ Contingent Beneficiary Relationship

Employee Signature: _____ Date: _____