

## Medical Change Form

Instructions: Please complete boxes outlined in **RED**

### A: Personal Information

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Apt #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Marital Status: Single Married Divorced Widowed  
Gender: Male Female Tobacco Usage: Yes No

### B: Type of Change [**MUST SELECT OPTION(S)**]

#### Name Change:

Previous Name: \_\_\_\_\_

New Name: \_\_\_\_\_

#### Address Change:

Previous Address: \_\_\_\_\_

New Address: \_\_\_\_\_

#### Dependent Changes:

##### Dependent 1

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_  
Gender: Male Female Enroll Delete

##### Dependent 2

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_  
Gender: Male Female Enroll Delete

##### Dependent 3

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_  
Gender: Male Female Enroll Delete

##### Dependent 4

Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_\_  
Gender: Male Female Enroll Delete

**B: Type of Change Continued [MUST SELECT OPTION(S)]**

**Plan Change:**

Previous Plan Name:

New Plan Name:

**Cancel Current Medical Coverage\***

Cancellation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Subjected to contracted date - coverage may extend to last day of month

**C: Qualifying Event Information\***

Qualifying Event:

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Date of Qualifying Event: \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Proof of qualifying event may be requested

**D: Acknowledgement of Coverage and Signature**

Name Printed:

Signature:

Signature Date: \_\_\_\_/\_\_\_\_/\_\_\_\_