



**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

Marriage

Birth or Adoption

Other \_\_\_\_\_

Spouse

Birth Date

Social Security Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dependents

Birth Date

Social Security Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Change in Beneficiary:

To: \_\_\_\_\_

Beneficiary

Relationship

To: \_\_\_\_\_

Contingent Beneficiary

Relationship

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_