

SECTION 4: Other Changes

Change coverage as indicated below

Effective Date of Change: / /

Change Life/AD&D beneficiary to:

(Employee signature required in Section 5)

Change marital status to: Single Married (Date of Marriage: / /) Separated Widowed Divorced

Change name to:

Reason for Change:

Change mailing address to:

Street Apt. No. City State Zip Home Phone - - Work Phone - -

Change division from:

To:

Change department from:

To:

Change benefit plan from:

To:

Evidence of insurability may be required. Check with your Benefits Coordinator.
(Employee signature required in Section 5)

Other changes/corrections requested:

SECTION 5: Employee/Employer Authorizations (Required if indicated above)

Change requested by (*print name*)

Employee's Signature

Today's Date

/ /

Employer's Signature – authorized representative only (*if required*)

Today's Date

/ /