

# CHANGE REQUEST

Send to:



13700 Watertower Circle, Suite D  
 Plymouth, MN 55441  
 Phone: (800) 328-0927  
 Fax: (763) 383-4880

Todays Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- |  |   |
|--|---|
| <input type="checkbox"/> EMPLOYEE TERMINATION      | <input type="checkbox"/> NAME CHANGE                        |
| <input type="checkbox"/> DEPENDENT TERMINATION     | <input type="checkbox"/> CHANGE OF ADDRESS                  |
| <input type="checkbox"/> ADD DEPENDENTS            | <input type="checkbox"/> LIFE INSURANCE CHANGE              |
| <input type="checkbox"/> ADDITIONAL FORMS ATTACHED | <input type="checkbox"/> OTHER (specify in remarks section) |

Part A Employee Information		Plan Information	
Employee Name		Employer Name	
Employee Soc. Sec. #		Group Number	

Part B Termination Information			
<input type="checkbox"/> EMPLOYEE		<input type="checkbox"/> DEPENDENT	
Name		Name	
Soc. Sec. #		Soc. Sec. #	
Coverage Termination Date		Coverage Termination Date	
Reason		Reason	
Plan Coverage		Plan Coverage	

*For further terminations and additional dependents please attach extra forms*

Part C Additional Dependents							
Dependent Name				Dependent Name			
Birth Date			Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date			Sex <input type="checkbox"/> M <input type="checkbox"/> F
Social Security #				Social Security #			
Newborn: <input type="checkbox"/> Yes <input type="checkbox"/> No	COPCC Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No			Newborn: <input type="checkbox"/> Yes <input type="checkbox"/> No	COPCC Form Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Effective Date			Qualifying Event Date	Effective Date			Qualifying Event Date

Part D Life Insurance Change			
Life Volume Amount/Change (new amount)			Life Insurance Termination Date
Beneficiary Change (new beneficiary name)			Date of Life Insurance Change

Part E Name/Address Change			
NAME CHANGE (new name)			
CHANGE OF ADDRESS (new address)	Street Address	City	State Zip

Part F Remarks	

EMPLOYEE SIGNATURE		DATE
EMPLOYER SIGNATURE		DATE

NOTE: Employee signature mandatory to change life insurance beneficiary, add or delete dependents