



EMPLOYEE CHANGE FORM

GROUP NAME: _____

Modifications of coverage must be made prior to the effective date of change. Changes may be submitted for termination of coverage or family status change (i.e., marriage, divorce, birth, adoption, death). You, as plan sponsor, bear sole responsibility for making this determination.

Policy Number	Code*	Employee Name	Member ID Number	Effective Date of Change

*Codes:

- A. Add employee (must be accompanied with application)
- B. Change in family status (i.e., from family to couple)
- C. Terminated employment
- D. Other (please explain) _____

