



# CHANGE REQUEST

COMPANY NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

### TYPE OF CHANGE: (Please list below)

### SPECIAL EVENTS: (Please provide actual date and dependent name below)

- 1. Add New Employee (Attach Enrollment Form)
- 2. Name Change
- 3. Address Change
- 4. Cancel Dependent(s)

- 5. Cancel All Coverage--Termination of Employment
- 6. Cancel All Contributory Coverage--Request of Active Employee
- 7. Partial Cancellation (Coverages) to be Canceled \_\_\_\_\_
- 8. Change Insurance Amount due to Salary Change
- 9. COBRA Enrollment (Attach Election Form)
- 10. COBRA Termination
- 11. Other

- 12. Add Dependent (s)--Marriage  
DATE OF MARRIAGE \_\_\_\_\_
- 13. Add Dependent (s)--Birth or Adoption
- 14. Death
- 15. Rehired Employee: (Include Data of Rehire)
- 16. Divorce

### COMPLETE FOR ELIGIBLE EMPLOYEE OR DEPENDENT(S) CHANGING

SPECIAL EVENT OR TYPE OF CHANGE		LAST NAME	FIRST NAME	EMPLOYEES SS#	BIRTHDAY MO/DAY/YR	SEX	SALARY/ADDRESS CHANGE	COVERAGES AFFECTED
#	EFFECTIVE DATE							

(All necessary information must be included to avoid processing delays)

### COMMENTS:

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\_\_\_\_\_  
EMPLOYER'S (OR REPRESENTATIVE) SIGNATURE

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

(        ) \_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

**SEND TO:**  
**ALWAYSCARE BENEFITS, INC.**  
**ATTN: GROUP CONTROL**  
**P.O. BOX 98100**  
**BATON ROUGE, LA 70898-9100**  
**EMAIL:**  
**Eligupdates@AlwaysCareBenefits.com**