



## GROUP BENEFITS CHANGE FORM

EMPLOYER/ORGANIZATION <b>Mitchell &amp; Stark Construction</b>	MASTER GROUP #	SUB-GROUP #	LOCATION #
LAST NAME OF EMPLOYEE MEMBER		M.I.	FIRST NAME
EMPLOYEE SOCIAL SECURITY NUMBER			

### REASON FOR CHANGE - TO BE COMPLETED BY EMPLOYER

TERMINATION                     
  NAME                                     
  ADDRESS                                     
  DEPENDENT STATUS

### ADDING OR TERMINATING EMPLOYEE BENEFITS

I WISH TO TERMINATE THE BELOW MARKED COVERAGE(S) EFFECTIVE: \_\_\_\_\_

MEDICAL-RX

REASON FOR TERMINATION:   
  TERMINATION OF EMPLOYMENT                     
  LAY-OFF

OTHER - PLEASE EXPLAIN: \_\_\_\_\_

I WISH TO ADD THE BELOW MARKED COVERAGE(S) EFFECTIVE: \_\_\_\_\_

MEDICAL - RX

### CHANGE OF DEPENDENT STATUS

PLEASE DELETE THE DEPENDENT(S) LISTED BELOW FROM MY PLAN EFFECTIVE: \_\_\_\_\_

DUE TO:   
  DIVORCE                     
  DEATH                                     
  OTHER: \_\_\_\_\_

PLEASE ADD THE FOLLOWING DEPENDENT(S) LISTED BELOW TO MY COVERAGE EFFECTIVE: \_\_\_\_\_

DUE TO:   
  MARRIAGE - DATE \_\_\_\_\_                     
  BIRTH                                     
  OTHER: \_\_\_\_\_

FULL NAME OF EACH DEPENDENT			RELATIONSHIP	SOCIAL SEC NUMBER	DATE OF BIRTH MO/DAY/YR
LAST	MI	FIRST			

### OTHER INSURANCE INFORMATION

Is spouse eligible to elect coverage under their employer's plan?   
  YES                       NO

Do any of the dependents listed above have other Group Health Insurance including Medicare?   
  YES                       NO

If YES, what types of benefits are covered?   
  MEDICAL   
  RX   
  DENTAL   
  VISION

If YES: Name of insured Person:	Birthdate of Insured Person:	Covered Dependents (Names):
Employed By:	Social Security #:	
Insurance Company Name / Medicare:	Medical Policy #:	
Insurance Company Claims Submission Address:	Insurance Company Phone Number:	

### CHANGE OF NAME

FROM: (First, Middle, Last)	TO: (First, Middle, Last)
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### CHANGE OF ADDRESS

OLD ADDRESS	NEW ADDRESS
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### EMPLOYEE SIGNATURE

DATE COMPLETED	SIGNATURE OF EMPLOYEE
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