

*Enrollment or Election Change*



Employer Name: \_\_\_\_\_  
Group # \_\_\_\_\_  
Subscriber Name: \_\_\_\_\_  
Last First MI  
Address: \_\_\_\_\_  
City, State ,Zip \_\_\_\_\_

**Reason For This Enrollment or Election Change**

*ADD the following individual(s) to my existing policy:*

Due to: Marriage (return with Marriage Certificate)  
OR

Due to: Birth (within last 30 days)  
Date of Birth: \_\_\_\_\_  
Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
*(If you do not yet have a social security # for a newborn, please provide upon receipt.)*

*REMOVE the following individual(s) from my existing policy:*

*Effective Date:* \_\_\_\_\_  
*Due to:* \_\_\_\_\_

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Sex \_\_\_\_\_  
Social Security # \_\_\_\_\_

*Signature :* \_\_\_\_\_

*Date :* \_\_\_\_\_