



GROUP HEALTH INFORMATION CHANGE FORM

PLEASE PRINT		First Name	Initial	I.D. No.
Last Name				Group Policy No.
Name of Employer		Cert. No.		
SEX	MARITAL STATUS		DATE OF BIRTH	
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widow (er) <input type="checkbox"/> Common Law		Day	Month
			Year	

OFFICE USE ONLY
Declined: _____
Date: _____
Approved: <input type="checkbox"/>
Date: _____
Effective Date of Change: _____
Remarks: _____

FAMILY MEMBERS TO BE ADDED OR REMOVED				CHANGE DESIRED <small>(Please complete appropriate section below)</small>	
FULL NAME	DATE OF BIRTH			RELATIONSHIP	
	Day	Mon	Year		
				1. Change Coverage to: <input type="checkbox"/> Individual <input type="checkbox"/> Two-Party <input type="checkbox"/> Family	
				2. <input type="checkbox"/> Add Family Member	
				3. <input type="checkbox"/> Remove Family Member Date: _____	
				4. <input type="checkbox"/> Change of Address	
				5. <input type="checkbox"/> Change of Beneficiary	
				6. <input type="checkbox"/> Change of Employee's Name	

Current Address of Dependent (s): _____

If adding a spouse, give date of marriage and provide copy of marriage certificate. <table style="width: 100%; margin-left: 100px;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> </table>	Day	Month	Year	If child being added was adopted, give date of adoption and provide legal documentation. <table style="width: 100%; margin-left: 100px;"> <tr> <td style="text-align: center;">Day</td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Year</td> </tr> </table>	Day	Month	Year
Day	Month	Year					
Day	Month	Year					

If removing a family member, give reason: _____

Date Occurred Day Month Year

If adding dependent child please provide birth certificate:

Change of Address (Please state new address here): _____

Change of Beneficiary

I hereby designate the below beneficiary (ies) under the certificate and revoke the appointment of any existing beneficiary. I reserve the right, without consent of the beneficiary, to further change the beneficiary subject to any statutory restrictions.

Last Name	First Name	Relationship to Employee

BENEFICIARY WITNESS – (Required if Beneficiaries are listed)

1. Name: _____	Signature _____
2. Name: _____	Signature _____

Change of Employee's Name

Last Name	First Name	Middle Name

Reason: Marriage (attach copy of marriage certificate) Other (Specify and attach supporting documents)

Signature of Applicant
GI40009 – 7 June 2005

Signature of Employer

Date