

# EMPLOYEE CHANGE FORM

**A. Group Information** To be completed by the Group Administrator **PLEASE PRINT LEGIBLY**

Group/Division #  /  Group Name

Contact Name  Contact Phone #  -  -  ext

**B. Update Type** Indicate the transaction type requesting.

Add Family Member(s)       Terminate Family Members       Reinstatement

Change/Correction to Information       Address/Email Change       Transfer from \_\_\_\_\_ to \_\_\_\_\_

**C. Reason for Change** Indicate the reason/qualifying event of the change.

Open Enrollment       Loss of Coverage       Probation       Marriage/Civil Union (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

Newborn       Adoption (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_       Legal Guardianship (Date) \_\_\_\_/\_\_\_\_/\_\_\_\_

**D. Employee** Complete the employee's information.

EFFECTIVE DATE OF CHANGE/UPDATE  /  /  EMPLOYEE IDENTIFICATION NUMBER  BIRTHDATE (MM/DD/YYYY)  /  /  SEX  M  F

LAST NAME

FIRST NAME/MIDDLE INITIAL

MAILING ADDRESS

CITY

STATE  ZIP CODE  PHONE NUMBER (  )  -  EMAIL ADDRESS

**E. Family Members** Complete this section to add or terminate family member(s). Please attach a separate sheet for additional dependent(s). Be sure to include the **eligible employee's identification number** and **name** when attaching additional sheets.

BIRTHDATE (MM/DD/YYYY)  /  /  RELATION  Spouse  Child  Civil Union Partner SEX  M  F  Full-time student  Disabled Child

LAST NAME

FIRST NAME/MIDDLE INITIAL

BIRTHDATE (MM/DD/YYYY)  /  /  RELATION  Spouse  Child  Civil Union Partner SEX  M  F  Full-time student  Disabled Child

LAST NAME

FIRST NAME/MIDDLE INITIAL

**F. Authorization** I certify that the information provided is true, correct and meets the terms and conditions of the HDS Agreement.

Group Administrator Signature

Date