DELTA DENTAL

HDS
Hawaii Dental Service

EMPLOYEE CHANGE FORM

HDS GROUP SERVICE CENTER
OAHU: (808) 529-9230
TOLL-FREE: 1-844-829-3256
FAX: (808) 529-9207
gsc@hawaiidentalservice.com

To ensure security and confidentiality, you must encrypt electronic files before transmitting them by email or other electronic means.

A. Group Information

Group / Division # ____ / ____ Group Name _____

Contact Name _____ Contact Phone # ___ - ___ - ____ ext ____

B. Update Type

Indicate the transaction type requesting.

☐ Add Family Member(s) ☐ Terminate Family Member(s) ☐ Reinstatement

☐ Change / Correction to Information ☐ Address / Email / Phone Number ☐ Transfer from _____ to _____

C. Reason for Change

Indicate the reason / qualifying event of the change.

☐ Open Enrollment ☐ Loss of Coverage ☐ Probation ☐ Marriage (Date) ____ / ____ / ____

☐ Newborn ☐ Adoption (Date) ____ / ____ / ____ ☐ Legal Guardianship (Date) ____ / ____ / ____

D. Employee

Complete the employee's information.

Effective Date of Change / Update ____ / ____ / 20__

Employee Social Security 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 Social Security Number** and **Name** when attaching additional sheets.

Birthdate (MM/DD/YYYY) ____ / ____ / ____

Social Security Number ___ - ___ - ____

Relation ☐ Spouse ☐ Child

Sex ☐ M ☐ F

Status ☐ Full-time student ☐ Disabled Child

Last Name

First Name / Middle Initial

Birthdate (MM/DD/YYYY) ____ / ____ / ____

Social Security Number ___ - ___ - ____

Relation ☐ Spouse ☐ Child

Sex ☐ M ☐ F

Status ☐ 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 _____