

2 to change

Name Change New Name _____ Old Name _____

Add Dependent Coverage

If due to marriage, what is the date of marriage? _____ If due to birth/adoption, what is the date of event? _____

If due to loss of coverage, date and reason: _____

If other, the date of event and please explain: _____

Drop Dependent Coverage Number of dependents still covered: _____ Effective date of drop: _____

Due to divorce Due to death Due to annual election period Exceeds maximum age to qualify as dependent

Other (please explain) _____

3 to waive IF YOU DO NOT WANT COVERAGE, COMPLETE THE WAIVER SECTION. THE WAIVER MAY NOT BE ALLOWED FOR THIS PLAN, CHECK WITH YOUR EMPLOYER. I have been given an opportunity to apply for Group Insurance offered by my employer, and have decided not to accept the offer for:

myself (does not apply to TRUST policies) spouse/domestic partner child(ren) only spouse/domestic partner and child(ren)

because _____

Name of insurance company and employer of dependent _____

Should I desire to apply for this group insurance in the future, I realize that a "late entrant" penalty may be applied.