

ADDING AND/OR DELETING A DEPENDANT

	Last Name	First Name	M / F	Date of Birth (m/d/y)	Full Time Student	Disabled
Spouse						
<input type="checkbox"/> Add	_____	_____	_____	_____		
<input type="checkbox"/> Delete						
Children						
<input type="checkbox"/> Add	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete						
<input type="checkbox"/> Add	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete						
<input type="checkbox"/> Add	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Delete						

Is your spouse insured for Health and/or Dental under his/her employer's plan?

Health Benefit No Single Family

Dental Benefit No Single Family

Spouse's Employer: _____

Spouse's Insurer: _____

APPOINTMENT OR CHANGE OF REVOCABLE BENEFICIARY DESIGNATION

Last Name	First Name	Middle Initial	Relationship to Applicant:
_____	_____	_____	_____

FOR QUEBEC RESIDENTS: The appointment of a spouse as Beneficiary is considered "IRREVOCABLE" unless the word "REVOCABLE" is actually written after the spouse's name.

CHANGE IN OPTIONAL AMOUNT OF COVERAGE (In addition, please complete and submit Evidence of Insurability form)

Amount being requested (Contact your Plan Administrator regarding coverage amounts.)

Applicant: New Additional \$ _____

Spouse: New Additional \$ _____

If you are applying for Optional Life Insurance on your spouse, please fill in his/her name and birthdate in the "Change of Status" section.

TERMINATION OF OPTIONAL/VOLUNTARY AMOUNTS OF COVERAGE

Applicant: <input type="checkbox"/> I wish to terminate my Optional Life Insurance	Spouse/Dependants <input type="checkbox"/> I wish to terminate my Optional Life Insurance
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CHANGE OF CLASS, EARNINGS, DEPARTMENT, DIVISION

<input type="checkbox"/> Class:	From: _____	To: _____
<input type="checkbox"/> Earnings:	From: _____	To: _____
<input type="checkbox"/> Department:	From: _____	To: _____
<input type="checkbox"/> Division:	From: _____	To: _____

Employee's Signature

Date

Plan Administrator's Signature

Date