



CHANGE REQUEST

COMPANY NAME: Town of Biscoe

ACCOUNT NUMBER: TOB117

EMPLOYEE NAME: _____

SOCIAL SECURITY #: _____

TYPE OF CHANGE: (Please list below)

SPECIAL EVENTS: (Please provide actual date and dependent name below)

- | | | |
|--|---|---|
| 1. Add New Employee (Attach Enrollment Form) | 5. Cancel All Coverage--Termination of Employment | 12. Add Dependent (s)--Marriage
DATE OF MARRIAGE _____ |
| 2. Name Change | 6. Cancel All Contributory Coverage--Request of Active Employee | 13. Add Dependent (s)--Birth or Adoption |
| 3. Address Change | 7. Partial Cancellation (Coverages) to be Canceled _____ | 14. Death |
| 4. Cancel Dependent(s) | 8. Change Insurance Amount due to Salary Change | 15. Rehired Employee: (Include Data of Rehire) |
| | 9. COBRA Enrollment (Attach Election Form) | 16. Divorce |
| | 10. COBRA Termination | |
| | 11. Other | |

COMPLETE FOR ELIGIBLE EMPLOYEE OR DEPENDENT(S) CHANGING

SPECIAL EVENT OR TYPE OF CHANGE		LAST NAME	FIRST NAME	EMPLOYEES SS#	BIRTHDAY MO/DAY/YR	SEX	SALARY/ADDRESS CHANGE	COVERAGES AFFECTED
#	EFFECTIVE DATE							

(All necessary information must be included to avoid processing delays)

COMMENTS:

EMPLOYER'S (OR REPRESENTATIVE) SIGNATURE

()
PHONE NUMBER

EMPLOYEE'S SIGNATURE

 / /
DATE

SEND TO:
ALWAYSCARE BENEFITS, INC.
ATTN: GROUP CONTROL
P.O. BOX 98100
BATON ROUGE, LA 70898-9100
EMAIL:
Eligupdates@AlwaysCareBenefits.com