

Show Stoppers – Add Dependent Change Form

The following is a list of the most commonly missed items that will slow down the processing of your application

Section 1 (Type of Change)

- ✓ Select the appropriate type of change
- ✓ Provide Employee Identification Number

Section 2 (Employee Information)

- ✓ Select appropriate reason for change
- ✓ Provide event date
- ✓ Provide appropriate coverage desired if adding a coverage or a dependent
- ✓ Complete the TO and FROM dates for prior coverage (if coverage is less than 12 months)

Section 3 (Dependent Information)

- ✓ Provide dependent SSN and date of birth
- ✓ Provide dependent relationship and gender
- ✓ Complete the TO and FROM dates for prior coverage (if coverage is less than 12 months)

Section 4 (Acknowledgement)

- ✓ Verify the employee signature
- ✓ Provide other insurance information if applicable

Do not submit this form with the application