

CHANGE OF STATUS FORM

EMPLOYER NAME _____
 EMPLOYEE NAME _____ SS# _____
 DIVISION # _____ EFFECTIVE DATE OF CHANGE _____

TYPE OF CHANGE

| <input checked="" type="checkbox"/> | <u>Change to be made</u> | <u>From</u> | <u>To</u> |
|-------------------------------------|----------------------------------|-------------|-----------|
| <input type="checkbox"/> | Division Change | _____ | _____ |
| <input type="checkbox"/> | Annual Salary | _____ | _____ |
| <input type="checkbox"/> | Life Amount | _____ | _____ |
| <input type="checkbox"/> | Optional Employee Life Coverage | _____ | _____ |
| <input type="checkbox"/> | Optional Dependent Life Coverage | _____ | _____ |
| <input type="checkbox"/> | Add Dependents (List Below) | | |
| <input type="checkbox"/> | Delete Dependents (List Below) | | |
| <input type="checkbox"/> | Marital Status | _____ | _____ |
| <input type="checkbox"/> | Name | _____ | _____ |
| <input type="checkbox"/> | Address Change | _____ | _____ |

DEPENDENT INFORMATION

List Dependents to be added or deleted:

| <u>Name</u> | <u>DOB</u> | <u>Relation</u> | <u>SS#</u> |
|-------------|------------|-----------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

REASON FOR CHANGE

| | | |
|--|-------|------|
| Divorce | _____ | Date |
| Legal Separation | _____ | Date |
| Marriage | _____ | Date |
| Birth (of Child) | _____ | Date |
| Spouse lost coverage with his/her employer | _____ | Date |

BENEFICIARY

At the time of my death, please pay life insurance to:

| | | | |
|------------|-------|--------------|-------|
| Primary | _____ | _____ | _____ |
| Primary | _____ | _____ | _____ |
| Primary | _____ | _____ | _____ |
| | Name | Relationship | % |
| Contingent | _____ | _____ | _____ |
| Contingent | _____ | _____ | _____ |
| Contingent | _____ | _____ | _____ |
| | Name | Relationship | % |

SIGNATURE

 Employee Date _____

 Plan Administrator Date _____