



GROUP ADMINISTRATORS, LTD.
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CHANGE OF STATUS FORM

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

TYPE OF CHANGE

<input checked="" type="checkbox"/>	Change to be made	<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	_____	_____	_____
	<u>Name</u>	<u>Relationship</u>	<u>%</u>
Contingent	_____	_____	_____
Contingent	_____	_____	_____
Contingent	_____	_____	_____
	<u>Name</u>	<u>Relationship</u>	<u>%</u>

SIGNATURE

 Employee Date _____

 Plan Administrator Date _____