



# INSURANCE CHANGE REQUEST FORM



Employee Name (Please Print)

Date

Employee Signature

Department

Please send me forms for the following insurances/beneficiary changes: (check all that apply)

<input checked="" type="checkbox"/>	<b>TYPE of COVERAGE</b> (Please mark which forms are needed)	<b>Requested Effective Date*</b> *Date of change is dependent upon Policy or Regulation. If approved, benefit changes become effective the 1 <sup>st</sup> of the month following the date of request if allowed by regulation.
<b>GROUP HEALTH INSURANCE</b>		____/____/____
Cancel Coverage See attached		
<input type="checkbox"/> Remove ALL Coverage <input type="checkbox"/> Remove Dependent(s)		
Changes to Coverage See attached		
<input type="checkbox"/> Change LEVEL of Coverage <input type="checkbox"/> Change Dependent(s)		
ADD Coverage See attached		
<input type="checkbox"/> Employee only <input type="checkbox"/> EE/Dependents <input type="checkbox"/> EE/Spouse <input type="checkbox"/> EE/Family		
<b>GROUP DENTAL INSURANCE</b>		____/____/____
Cancel Coverage See attached		
<input type="checkbox"/> Remove ALL Coverage <input type="checkbox"/> Remove Dependent(s)		
Changes to Coverage See attached		
<input type="checkbox"/> Change LEVEL of Coverage <input type="checkbox"/> Change Dependent(s)		
ADD Coverage See attached		
<input type="checkbox"/> Employee only <input type="checkbox"/> EE/Dependents <input type="checkbox"/> EE/Spouse <input type="checkbox"/> EE/Family		
<b>ENHANCED OPTIONAL LIFE INSURANCE</b>		____/____/____
Cancel Coverage See attached		
<input type="checkbox"/> Remove ALL Coverage <input type="checkbox"/> Remove Dependent(s)		
<b>BENEFICIARY</b>		
<input type="checkbox"/> NPERS Pension (needs notarized)		
<input type="checkbox"/> Life Insurance		

Please send completed form to HUMAN RESOURCES (HR) DEPARTMENT

FOR HR ONLY

<input checked="" type="checkbox"/>	FORMS SENT TO EMPLOYEE:	DATE SENT (Initial)	DATE EMPLOYEE NOTIFIED (Initial)	DATE PROCESSED (Initial)	DATE PAYROLL NOTIFIED (Initial)
	Health Insurance				
	Dental Insurance				
	- Beneficiary: Pension				
	- Beneficiary: Life				