

Employees, please fill out this page, sign and date at the bottom, and return to your human resources department.

Last Name	First Name	MI	Social Security No.	Date of Birth	Gender
			- -	/ /	M F
Home Address		City	State	Zip	Phone Number
					()
Date of Change					

CHANGE OPTIONS

Please fill out the appropriate Section(s) of this form for the change(s) you wish to make.

Section A

Family Status Change (See Codes below Section B)

Change Coverage Selection To

Change Coverage Selection (there must be a family status change)	Section A	<input checked="" type="checkbox"/>	No Change
Add/Drop Dependents	Section B	<input checked="" type="checkbox"/>	Employee only
Name Change	Section C	<input checked="" type="checkbox"/>	Employee + 1
Address & Phone Number Change	Section D	<input checked="" type="checkbox"/>	Family
Change from Active to Retiree Status	Section E	<input checked="" type="checkbox"/>	Retiree Under 65
Death Notification	Section F	<input checked="" type="checkbox"/>	Retiree Over 65
		<input checked="" type="checkbox"/>	Terminate Coverage - Other Coverage in Effect

Section B: Add/Drop Dependents

Add/Drop (Circle One)	Name	Gender	Birthdate	SSN	Relationship (Spouse, son, step-child, etc.)	Reason for Add/Drop* (See Codes Below)
A D	Last Name, First Name M.I.				Spouse	
A D	Last Name, First Name M.I.					
A D	Last Name, First Name M.I.					
A D	Last Name, First Name M.I.					

*Add & Drop Codes – Enter letter code in the “Reason for Add/Drop” section above.

M	Marriage	B	Birth	A	Adoption	DV	Divorce	DH	Death	E	Spouse’s Open Enrollment
C	Addition/Loss of Other Coverage		T	Spouse/Dependent’s Change of Employment Status							
O	Other. Please describe reason here:										

Section C: Name Changes (Marriage, Adoption, etc.) -- Provide copy of social security card or other supporting legal document.

Old Name →		New Name →	
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Section D: Address Change

New Street Address	City	State	Zip	A/C & Phone No.

Section E: Change from Active to Retiree Status

Retirees must also complete an Automated Clearinghouse (ACH) Withdrawal form for insurance contributions.

	Name	Gender	Birthdate	SSN	Effective Date See HR Rep for assistance
Retiree Info →	Last Name, First Name M.I.				
Spouse Info →	Last Name, First Name M.I.				

Section F: Death Notification

Name	Gender	Birthdate	SSN	Effective Date

Employee Signature		Date Signed	
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TO BE COMPLETED BY HUMAN RESOURCES ONLY

College/University Name	Group #	Employer, please fax or mail this form to TICUA Benefit Consortium 1031 17th Avenue South, Nashville, TN 37212 Tel. (615) 292-3535, Fax (615) 292-3933

Employer Signature		Date Signed	
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