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FORT DEARBORN LIFE INSURANCE COMPANY  
Registered marks of Fort Dearborn Life Insurance Company

# Enrollment Change Request Form

(This form should be used for miscellaneous membership changes. It cannot be used for open enrollments or for additions of any type and must be completed by a Group Administrator.)

Please complete in black ink, keep second part for your records and third part for your employee's records.

Employer Name Oregon CUSD #220 Group/Section # 660860

Member Name \_\_\_\_\_ Social Security Number (SSN) \_\_\_\_\_

This request is a change for:  employee  dependent  all family members

For dependent change: Spouse's Name \_\_\_\_\_ SSN: \_\_\_\_\_ - - - - Date of Birth <sup>MM</sup> / <sup>DD</sup> / <sup>YYYY</sup> \_\_\_\_\_  
Child's Name \_\_\_\_\_ SSN: \_\_\_\_\_ - - - - Date of Birth <sup>MM</sup> / <sup>DD</sup> / <sup>YYYY</sup> \_\_\_\_\_

Change Name to \_\_\_\_\_

Change Address to \_\_\_\_\_

### Medicare:

Employee  Spouse  Child is now Medicare eligible. Please complete the section below:

HIC #	Medicare B	ESRD Dialysis	Disability
Medicare A	Start Date:	Start Date:	Start Date:
Start Date:	End Date:	End Date:	End Date:

### Termination/Continuation of Coverage:

Health Coverage  Dental Coverage  Life Coverage

Due to: Left Employment	As of: ___/___/___	IL Continuation ended	As of: ___/___/___
Child reached limiting age	As of: ___/___/___	COBRA Eligibility begun	As of: ___/___/___
No longer full time student	As of: ___/___/___	COBRA ended	As of: ___/___/___
Divorce	As of: ___/___/___	Death (effective date is date AFTER death)	As of: ___/___/___
IL Continuation begun	As of: ___/___/___	Other (explain) <u>Resigned</u>	As of: ___/___/___

### Changes to Life Benefit and/or Beneficiaries:

Amount of Life Insurance Give new salary \$ \_\_\_\_\_  hourly  weekly  monthly  annually  
Amount of Insurance AFTER change \$ \_\_\_\_\_  
New Job Title \_\_\_\_\_

Beneficiary(ies) – This revokes any current beneficiary designations. Change my beneficiary(ies) to:

1) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Address \_\_\_\_\_  
2) Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Address \_\_\_\_\_

Employer or Group Administrator Signature

09/05/2008

Date