

BENEFITS CHANGE FORM

Type of Change Name Address Termination Dependent Status Family Additions

Last Name , First Name	Social Security Number
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Name Change

New Name

Termination of your coverage additional documentation is required

Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/>	Reason:
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Address Change

New Address
City / State / Zip Code
New Phone Number

Change in Dependent Status additional documentation is required

<input type="checkbox"/> Add Spouse – Effective Date: Reason:
<input type="checkbox"/> Add Child – Effective Date: Reason:
<input type="checkbox"/> Remove Dependent – Effective Date: Reason: Name:

Family Additions (check MEDICAL/DENTAL boxes for coverage)

Marriage certificate required to add spouse and birth certificate(s) required to add children (unless previously provided)

Last Name , First Name	SSN	DOB	Sex M/F	Relation to Employee	MEDICAL	For HMO only Current		DENTAL	For HMO only Current		VISION
						Doctor # ¹	Y/N		Dentist # ²	Y/N	
					<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>
					<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>

Return this form along with proof within 30 days of your qualified change in status to BENEFITS, 3500 W. Olive Avenue #1000, Burbank, CA 91505, OR visit the benefits website to use the secure web link [EMPLOYEE FORMS](#) (save it first in your computer, then upload)

Employee Signature _____
Date

I have read and understood the provisions set out on this form. All information on this form is correct and true. I understand that it is the basis on which coverage may be issued or terminated under the plan. Any misstatements or omissions may result in future claims being denied and/or my coverage being rescinded.

¹ Use DocFind at www.aetna.com to find Primary Medical Office ID
² Use DocFind at www.aetna.com to find Primary Dental Office ID