

Please check Box(s) to specify Change:

Name Change

Address Change

OLD NAME AND/OR ADDRESS

Date:			
Employer Name:			
Member ID or SSN:			
Employee Name:	Last:	First:	MI:
Old Home Address:	Street:		
	City:	ST:	Zip:

NEW NAME AND/OR ADDRESS

Effective Date of Change:			
Member ID or SSN:			
New Employee Name:	Last:	First:	MI:
New Home Address:	Street:		
	City:	ST:	Zip:

NOTICE:

Do not use this form to change your Election Amount. Please see your Human Resources or Benefits Coordinator for information about IRS qualified events and election changes.

I hereby authorize BenefitHelp Solutions to change my name and address accordingly.

Participant's Signature: _____

Date: _____