

CHANGE REQUEST

COM	IPANY NAME:				ACCOUNT NUMBER:				
EMP	LOYEE NAME:			SOCIAL S	SOCIAL SECURITY #:				
TYP	E OF CHANGE: (P	lease list below)			SPECIAL EVENTS: (Please provide actual date and dependent name below)				
2. Name Change 6. 0 3. Address Change 7. F 4. Cancel Dependent(s) 8. 0 9. 0 10. 0			6. Cancel All Contributory7. Partial Cancellation (Contributory8. Change Insurance American				 12. Add Dependent (s)Marriage		
	SPECIAL EVENT OR	COMPL	ETE FOR ELIGIBLE E	MPLOYEE OR DEPE	ENDENT(S)	CHANGII	NG		
	TYPE OF CHANGE EFFECTIVE DATE	LAST NAME	FIRST NAME	EMPLOYEES SS#	BIRTHDAY MO/DAY/YR	SEX	SALARY/ADDRESS CHANGE	COVERAGES AFFECTED	
C	OMMENTS:		(All necessary information mu	ust be included to avoid prod	cessing delays)				
	EMPLOYER'S (OR I	REPRESENTATIVE) SIGN	/	EMPLOYEE'S SIGNATURE / ATE		ATTN: GI P.O. BOX BATON F EMAIL:	CARE BENEFITS, INC ROUP CONTROL	100	

AlwaysCare Benefits, Inc. (a Starmount Life Insurance company)