MEDICAL & DENTAL CHANGE FORM

Member Name - First, M, Last, Suffix

Tax ID/SSN

Original Date of Hire

Date/Type of Change

Change Effective Date

- ☐ Terminated
- ☐ Deceased member
- ☐ Deceased dependent
- ☐ Change of Address
- ☐ Early Retirement
- ☐ Age 65+ retirement
- ☐ Change in billing information
- ☐ Change in eligibility of dependent
- ☐ Transferred from another parish in our diocese
- ☐ Marriage*
- ☐ Divorce*
- ☐ Other significant life change

**Include copies of legal marriage or divorce documents*

New Address

Street Address

City State Zip

Home Phone

Cell Phone

Personal Email Address

Work Email Address

Billing Information

Name of Episcopal Organization

Address

Email

Phone

List Bill ID

- ☐ Bill to Episcopal Organization
- ☐ Bill directly to Member (Retirees only)
- ☐ Pension deduction (Retirees only)*

If billing for retiree & spouse is different, please provide instructions for spouse on a separate sheet.

***If checked, please attach Pension Deduction Form.**

Change in Active Medical

- ☐ Terminate Medical Coverage
- ☐ Change Medical Coverage from:

(Tier) No Change to (Tier) No Change

(see Tiers section below for list of tiers; complete Dependent section if appropriate)

- ☐ Add or change Medical Plan

From No Change
Name & Type of Current Plan

To No Change
Name & Type of New Plan

Tiers

Tiers for Active Medical & Dental Coverage:
Single, Employee + 1 (spouse), Employee + child(ren), Family

Tiers for Retiree Medical Coverage:
Single, Employee + 1 (spouse), One Medicare/One Non-Medicare

MEDICAL & DENTAL CHANGE FORM

Change in Active Dental

☐ Terminate Dental Coverage

☐ Add or change Dental Plan

☐ Change Dental Coverage from:

(Tier) No Change to (Tier) No Change

From No Change
Name & Type of Current Plan

To No Change
Name & Type of New Plan

(see Tiers section above for list of tiers; complete Dependent section if appropriate)

Change in Retiree Medical

☐ Terminate Retiree Medical Coverage

☐ Add or change Retiree Medical Plan

☐ Change Retiree Medical Coverage from:

(Tier) No Change to (Tier) No Change

From No Change
Name & Type of Current Plan

To No Change
Name & Type of New Plan

(see Tiers section for list of retiree tiers; complete Dependent section if appropriate)

Dependent(s)

Add	Drop	Name (First, MI, Last, Suffix)	Tax ID/SSN	Date of Birth	Gender	Relationship
☐	☐				-Select-	-Select-
☐	☐				-Select-	-Select-
☐	☐				-Select-	-Select-
☐	☐				-Select-	-Select-

If you need more space, attach additional sheet.

Signatures

Institution Name & City: _____ Date: _____

Employer Signature: _____ Employee Signature: _____

Employer Printed Name: _____ Employee Printed Name: _____

Employer Position: _____

Form Date 2019-08-13