

Address and Name Changes
Miscellaneous Problems

EMPLOYEE: _____ SSN: _____

CO # _____ EMP. SEQ. # _____ SCHOOL DISTRICT NAME: RIVERVIEW

1. Employee Termination Effective Date: _____
_____ Termination of employment _____ Termination of COBRA coverage

2. Address Change - Effective Date _____
New Address _____

Plan to be notified _____ Health UHC _____ Dental

3. Name Change - Effective Date _____

Name: From _____ To: _____

Reason: Marriage _____ Divorce _____ Other _____

Plan to be notified _____ Health UHC _____ Dental

4. Other: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

COMPANY AUTHORIZATION: _____ DATE: _____

DO NOT WRITE BELOW THIS LINE
MARSH ADVANTAGE AMERICA APPROVAL

BY _____

DATE: _____