

For Office Use Only (please initial):  
 Issue COBRA  
 Marriage License Verified

## Benefit Enrollment/Change Form

Please return to the Benefit & Compensation Services Office

**Phone:** 248-370-4207

**Fax:** 248-370-4212

- Birth /Adoption (copy of adoption paperwork required)
- Marriage (verify date of event)
- Loss of Dependent Status
- Divorce/Legal Separation (copy of official legal documents required)
- Other (please specify): \_\_\_\_\_

Date of Event: \_\_\_\_\_

Grizzly ID #: \_\_\_\_\_

Employee Name: \_\_\_\_\_

*Note: If you file a request for a change in coverage more than 30 days after the Change Event, the requested change will not take effect, and you will have to wait until the next Open Enrollment Period to make the change.*

**Check one that applies for the following dependents:**     **add**     **terminate**

Dependent Information				
Name:	Date of Birth:	Male / Female	Social Security Number:	Personal Care Physician:

Dependent Address (if different from employee): \_\_\_\_\_  
 \_\_\_\_\_

Change will affect the following benefit plan(s) (check all that are applicable):

- Community Blue PPO
- Spouse/ Dependent Voluntary Life Insurance
- Blue Care Network
- Employee Supplemental Life Insurance
- Priority Health
- AD&D Employee/Family
- Delta Dental
- FSA Health Election/Change
- Blue Cross/Blue Shield Vision
- FSA Dependent Election/Change
- Davis Vision
- Address Change
- Life Insurance Beneficiary Change Form

\*Contact Fidelity or TIAA to change your address and/or beneficiary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_