

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: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*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				For HAP Only:		
Name:	Date of Birth:	Male / Female	Social Security Number:	PCP Code:	Medical Network Code:	Personal Care Physician:

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

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

**No Form Needed:**

- Health Alliance Plan
- Community Blue PPO
- Blue Cross/Blue Shield Traditional
- Blue Cross/Blue Shield Vision
- Blue Care Network
- Delta Dental
- Priority Health

**Election/Change Form Required:**

- Davis Vision
- Dependent/Voluntary Life Insurance
- FSA Election/Change
- Address Change
- Life Insurance Beneficiary Change Form
- TIAA/CREF Beneficiary Change Form
- Fidelity Beneficiary Change Form

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