

I wish to:

- Upgrade/Downgrade my Plan (Complete Section B) Change my Name (Complete Section C)
 Change Dependent Status (Complete Section D)

A. Insured Applicant

Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YY)	Certificate #

B. Upgrade/Downgrade my Plan

- Upgrade to: Downgrade to:

C. Change in Name Change my name to:

Last Name	First Name	Middle Initial

D. Change Dependent Coverage

- Add Terminate

Health Insurance Information

Coverage is required for:

- Spouse (non-working only)
 Child/ren

Note: Eligible children are unmarried children under 19 years of age, or up to 26 years if enrolled in and in full-time attendance at a recognized school, college or university, or over age 19 if incapable of self-support due to a mental or physical disability.

Last Name	First Name	Middle Initial	Sex	Date of Birth (MM/DD/YY)
Spouse				
Child				
Child				
Child				

School Information: Note: for all children attending school overseas or 19 years of age or older and in a recognized school, college or university.

First Name of Child	Name of School, College or University	Location

Reason for Change

- Married Divorced New Born Child now 19 Spouse now Employed or Unemployed

Signature of Insured

Date (MM/DD/YY)

For Argus use only

Changes were recorded in the system by	Date (MM/DD/YY)