NORTH AMERICAN DIVISION BENEFITS
Health Care

HEALTH CARE EMPLOYEE BENEFITS CHANGE REQUEST FORM

EMPLOYEE INSTRUCTIONS:
This form is to be completed only when a change needs to be made for an existing employee. Do not complete this form to add a new employee; an enrollment application must be completed for this purpose. This form may be completed by the employee, but must be signed by the employer before it is sent to Adventist Risk Management®, Inc. - Health Benefits Services.

EMPLOYEE INFORMATION:

NAME: SSN#

CHANGES TO BE MADE: *Mark Choice* ☐ Name ☐ Address ☐ Phone Number ☐ Add Spouse ☐ Add Children

CHANGE DETAILS: (Fill in details for above marked choice)

EMPLOYEE INFORMATION

NEW NAME LAST NAME: FIRST NAME: MIDDLE INITIAL: NEW PHONE#

NEW ADDRESS STREET: CITY STATE: ZIP CODE:

SPOUSE INFORMATION

LAST NAME: FIRST NAME: MIDDLE INITIAL: DATE OF BIRTH: SSN#

EMPLOYER NAME:

EMPLOYER ADDRESS STREET: CITY STATE: ZIP CODE:

OTHER INSURANCE: ☐ YES ☐ NO THIS OTHER INSURANCE IS: ☐ PRIMARY ☐ SECONDARY

COMPANY: EFFECTIVE DATE: (MM/DD/YYYY)

ADDRESS: CITY STATE: ZIP CODE:

CHILDREN INFORMATION

FIRST NAME	M.I.	LAST NAME	BIRTHDATE (MM/DD/YYYY)	Sex	DEPENDANT'S SSN#	OTHER INSURANCE YES / NO	OTHER INSURANCE PRIMARY / SECONDARY
				-		-	-
				-		-	-
				-		-	-
				-		-	-

OTHER INSURANCE NAME: PHONE#: EFFECTIVE DATE: (MM/DD/YYYY)

EMPLOYEE SIGNATURE: DATE SIGNED: (MM/DD/YYYY)

This form can be submitted electronically to: HEALTHCAREELIGIBILITY@adventistrisk.org
(You **must** save the document to your computer then attach it to the e-mail generated by the link above)

OFFICE USE ONLY

AUTHORIZED EMPLOYER'S SIGNATURE REQUIRED

EMPLOYER NAME	EFFECTIVE DATE (MM/DD/YYYY)	GROUP #	SUBGROUP #
SOUTHEASTERN CA CONFERENCE	1/1/2015	6LGP707800	6304N

RECEIVED ON:	
IBC	
TRANS#	
CARD	☐ IBC
CARD	☐ ARM
VERIFIED	☐ IBC ☐ WEB ☐ UCD ☐ RX
HIPPA CERT	

FOR ARM OFFICE USE ONLY

OFFICE USE ONLY

EMPLOYER SIGNATURE*: DATE (MM/DD/YYYY):

SIGNATORY'S NAME: RUTH ZALSMAN COVERAGE CODE:

SIGNATORY'S TITLE: BENEFITS SPECIALIST

***Please enter your initials to serve as your digital signature.**
By entering your initials and sending this form attached to an e-mail from your e-mail account, we will consider this form signed by you.