



Legal Name: The Evangelical Benefit Trust
Version: EBT / CT / 0409

Submit to:

PO Box 950
Forest Hill, MD 21050-0950

p 800.953.9150
f 410.877.2004

Adobe Reader Version 7 or later is required to complete this form. Download the FREE update at www.adobe.com

EXISTING MEMBER CHANGE/TERMINATION FORM

Please complete this fillable form and click the Submit button. Then save it, print it, sign it and fax it to the number shown above.

SECTION I. GENERAL INFORMATION

Group No. _____ Employee Social Security No. _____
Last Name: _____ First Name: _____ MI: _____
Employer Name: _____ Location: _____

SECTION II. CHANGE IN EMPLOYEE INFORMATION

NEW EMPLOYEE INFORMATION

New Name: _____ New Phone: _____
New Address: _____ City: _____ State: _____ Zip: _____

Required Event Date: (mm/dd/yyyy)

SECTION III. CHANGE IN CURRENT COVERAGE (subject to the plan provisions and plan options selected by your employer)

SELECT HEALTH PLAN CHANGE

CHANGE FROM:

Employee Only EE + Spouse
EE + Child(ren) EE + Family



CHANGE TO:

Employee Only EE + Spouse
EE + Child(ren) EE + Family

Required Event Date: (mm/dd/yyyy)

SECTION IV. CHANGE IN FAMILY INFORMATION (please complete for all persons to be covered)

First Name & M.I. (last name if different)	Gender		DOB	F/T Student*		Height	Weight	Social Security No.
	M	F		Yes	No			
Spouse:								
Child:								
Child:								
Child:								
Child:								
Child:								

Special Enrollment Event (The Plan Administrator may require proof of Special Enrollment Event.)

Marriage Loss of Coverage Newborn / Adoption

Required Event Date: (mm/dd/yyyy)

* Full time students ages 19 - 24. Student certification required from accredited college. Contact the Plan Administrator for a Student Status form.

SECTION V. TERMINATION OF COVERAGE

Terminate ALL Coverage	Terminate ONLY the following coverage(s):	Health	Dental	Vision	STD
Reason for Termination of Coverage:					
Termination of Employment	Reduction in Hrs	Death	Has other Coverage	Divorce/Legal Separation	Other _____

Required Event Date: (mm/dd/yyyy)

Employee Signature: _____ Date: _____

Employer Signature/Verification: _____ Date: _____