



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:	ADDRESS:	CITY	EFFECTIVE DATE: <small>(MM/DD/YYYY)</small>	STATE:	ZIP CODE:				
CHILDREN INFORMATION									
FIRST NAME	M.I.	LAST NAME	BIRTHDATE <small>(MM/DD/YYYY)</small>	Sex	DEPENDANT'S SSN#	OTHER INSURANCE YES / NO 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)

AUTHORIZED EMPLOYER'S SIGNATURE REQUIRED					RECEIVED ON:				
EMPLOYER NAME	EFFECTIVE DATE <small>(MM/DD/YYYY)</small>	GROUP #	SUBGROUP #		IBC				
EMPLOYER SIGNATURE*: SIGNATORY'S NAME: SIGNATORY'S TITLE:					TRANS#				
					CARD	IBC			
					CARD	ARM			
					VERIFIED	IBC	WEB	UCD	RX
					HIPPA CERT				
					FOR ARM OFFICE USE ONLY				
					DATE (MM/DD/YYYY):				
					COVERAGE CODE:				

***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.