



2023 OPEN ENROLLMENT CHANGE REQUEST

Member Name: _____

Member Last Four SSN or Medical ID #: _____

Email/Phone #: _____

Plan Choice/Tier (example: Plan A, Family or Plan B, Member Only):

Dependents Covered (if adding a new dependent, please include DOB and SSN:

(If new dependents are added, additional information including birth certificates, marriage license, court order, etc will be required!)

Life Insurance Beneficiary: _____