

Medical Benefits - CHANGE / TERMINATION FORM

| EMPLOYEE INFORMATION | |
|----------------------|---|
| /DVW 1DPH |)LUVW 1DPH ,QLWLD O 6RFLDO 6HF XULW\ 1X |

| REASON FOR REQUESTED CHANGE | |
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| Benefits Change Effective Date: | |
| \$GGLWLRQ RI 'HSHQGHQW &RYHUDJH ... 6SRXVH ... 1DWXUDO &KLOG ... \$GRSWHG &KLOG | 'DWH RI 0DUULDJH %LUWK (PSOR\HH 2QO\ ... &RPSUHKHQVLYH 2SWLRQ ... %DVLF ... 6,016\$ 0H[LFR 21/< |
| 7HUPLQDWLRQ RI \$// 'HSHQGHQW &RYHUDJH | (IHFVLDVH 'DWH |
| 7HUPLQDWLRQ RI 1DPHG 'HSHQGHQW V ... 6SRXVH ... &KLOG UHQ 1DPH V 5HDVRQ V | (IHFVLYH 'DWH |
| &KDQJH 3ODQ 2SWLRQ 2SHQ (QUROOPHQW)URP 7R | (IHFVLYH 'DWH |
| &KDQJH 6WDWXV ... 5HWLUHH 5HWLUHH \$JH ... &2%5\$... 5HWLUHH 3ODQ | (IHFVLYH 'DWH |
| 7HUPLQDWLRQ RI /LIH ,QVXUDQFH ... %DVLF /LIH... \$' ' ... 'HSHQGHQW /LIH | (IHFVLYH 'DWH |
| 5HLQVVDWH &RYHUDJH ... \$// ... (PSOR\HH ... 'HSHQGHQW | (IHFVLYH 'DWH |
| &DQFHO \$// &RYHUDJH | (IHFVLYH 'DWH |
| | |
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| COVERAGE SELECTED |
|-------------------|
| Blue Cross - CA |

| EMPLOYER USE ONLY |
|---------------------------|
| 1DPH RI (03/2<(5 'LVWULFW |
| (PSOR\PHQW 'DWH |
| (PSOR\PHQW 6WDWXV |

| HUB OFFICE USE ONLY | |
|--|---------------|
| ,QLWLD O | |
| 'DWH 5HFHLYHG BBBBBBBBBBBBBBBBBB BBBBBBBBBBBBBBBBBB | |
| 'DWH 3URFHVVHG BBBBBBBBBBBBBBBBBB BBBBBBBBBBBBBBBBBB | |
| 'HSHQGHQW V 1DPH | 'DWH RI %LUWK |

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