

ADD / CHANGE / DELETE FORM

CITY/TOWN _____ COMPANY _____

DATE OF ACTION _____

DELETE (Circle one) – RETIRED – HONORARY - CANCEL

MEMBER'S ID NUMBER _____

MEMBER'S FIRST NAME _____ MIDDLE _____ LAST NAME _____

MEMBER'S DOB: _____

ADD / CHANGE

(please remember until we are notified, in writing, change is not valid)

MEMBER'S ID NUMBER _____

MEMBER'S FIRST NAME _____ MIDDLE _____ LAST NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME # _____ WORK/CELL # _____ FAX # _____

E-MAIL _____

DOB _____ SS# _____ SEX _____

BENEFICIARY #1 _____ DOB _____ RELATIONSHIP _____

BENEFICIARY #2 _____ DOB _____ RELATIONSHIP _____

BENEFICIARY #3 _____ DOB _____ RELATIONSHIP _____

SIGNATURE _____ DATE _____

(Signing verifies that the information given is correct)