

Personal Plans Change Notice

Please print your characters carefully and use only capital letters.

1. PARTICIPANT INFORMATION

Participant name: _____ Social Security number: _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Daytime telephone: (_____) _____ E-mail address: _____

Birth date: ____/____/____ Marital status: Married Single Widowed

Important: If your marital status has changed and/or information you previously provided to GuideStone is no longer correct, please attach copies of the appropriate document(s) to verify the change (i.e., marriage certificate, death certificate, divorce decree).

2. EMPLOYER INFORMATION

Employer name: _____ Account number: _____

Billing address: _____

Employer street address: _____

Employer telephone: (_____) _____ E-mail address: _____

Contact person (direct notices to): _____

3. TYPE OF CHANGE

Address: Effective date of address change: ____/____/____

Salary

New contact person (employer)

Termination (please specify reason)

Rates

Benefits

Network providers

Other

Retirement

If leaving employment, is participant:

Seeking Southern Baptist employment

Returning to seminary

Position with employer: _____

Annual salary: \$ _____

Effective date of change: ____/____/____

Signature of person reporting change: _____

Title: _____

Return to: Insurance Operations — Personal Plans
GuideStone Financial Resources, SBC
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