

# Employer Change Report

## Group Plans

### EMPLOYER INFORMATION

Employer name: \_\_\_\_\_ Employer number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_

Authorized representative signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### EMPLOYEE INFORMATION

Employee name: \_\_\_\_\_

Employee address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Social Security number: \_\_\_\_\_ Home telephone number: (\_\_\_\_\_) \_\_\_\_\_

Check if any change of address  Check if name change

### TYPES OF CHANGES: INDICATE COVERAGE BEING ADDED, TERMINATED OR CONTINUED BY PLACING A CHECK IN THE APPROPRIATE BOX.

**PA** — Partial Add. Adding coverage to an existing employee or dependent, adding a new dependent (may require a *Special and Late Applicant* form).

**I** — Salary Increase.

**D** — Salary Decrease.

**C** — Change Coverage/Personal Data.

**PT** — Partial Termination of coverage.

**R** — Retire. (Requires a letter from retiree if **not** continuing coverage.)

**DT** — Death. (Indicate what coverage the surviving spouse will continue.)

**T** — Terminating **all** coverage. (If an employee terminates all coverage, dependent coverage will be automatically terminated.)

**M** — Terminating but going on Continuation (requires separate form).

**O** — Other. (Please provide explanation.) \_\_\_\_\_

All forms are on our Web site at [www.GuideStone.org](http://www.GuideStone.org).

### CHANGES IN EMPLOYEE INFORMATION

Effective date of change: \_\_\_\_/\_\_\_\_/\_\_\_\_ Type of change: \_\_\_\_\_ Monthly salary: \$ \_\_\_\_\_

Life volume: \_\_\_\_\_ Optional life volume: \_\_\_\_\_ AD&D volume: \_\_\_\_\_ EPAI volume: \_\_\_\_\_

#### Medical

- Health Legacy 200
- Health Today
- Health Choice 500
- Health Choice 1000
- Health Choice 2000
- Health Choice 3000
- Health Choice 5000
- Health Saver 2600
- Health Saver 2800

#### Retiree medical

- Senior Plus Plan
- Senior Plan
- Care Plus Plan
- Care Basic Plan

#### Disability

- |                                  |                                  |
|----------------------------------|----------------------------------|
| <b>Short term</b>                | <b>Long term</b>                 |
| <input type="checkbox"/> Choice  | <input type="checkbox"/> Premier |
| <input type="checkbox"/> Economy | <input type="checkbox"/> Choice  |
|                                  | <input type="checkbox"/> Economy |

#### Dental

- Premier Dental Care Plan
- Choice Dental Care Plan
- Guided Dental HMO Plan: Office number: \_\_\_\_\_
- Retiree Dental Plan

Dependent information on other side



Employee name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

**DEPENDENT INFORMATION**

Dependent name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

Type of change: \_\_\_\_\_ Effective date: \_\_\_/\_\_\_/\_\_\_

DHMO office number: \_\_\_\_\_

Dependent name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Relationship: \_\_\_\_\_ Birth date: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

Type of change: \_\_\_\_\_ Effective date: \_\_\_/\_\_\_/\_\_\_

DHMO office number: \_\_\_\_\_

Dependent name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Relationship:  Child  Stepchild  Grandchild Birth date: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

Type of change: \_\_\_\_\_ Effective date: \_\_\_/\_\_\_/\_\_\_

DHMO office number: \_\_\_\_\_

Dependent name: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Relationship:  Child  Stepchild  Grandchild Birth date: \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

Type of change: \_\_\_\_\_ Effective date: \_\_\_/\_\_\_/\_\_\_

DHMO office number: \_\_\_\_\_

\* Dependent children under age 25 are eligible for coverage if dependent is unmarried and is dependent on the employee for support and maintenance.

**CHANGES IN DEPENDENT INFORMATION**

Effective date of change: \_\_\_/\_\_\_/\_\_\_ Indicate coverage being added, terminated or continued by placing a check in the appropriate box.

**Medical**

- Health Legacy 200
- Health Today
- Health Choice 500
- Health Choice 1000
- Health Choice 2000
- Health Choice 3000
- Health Choice 5000
- Health Saver 2600
- Health Saver 2800

**Retiree medical**

- Senior Plus Plan
- Senior Plan
- Care Plus Plan
- Care Basic Plan

**Life**

- Spouse life
- Spouse optional life
- Child
  
- SPAI

**Dental**

- Premier Dental Care Plan
- Choice Dental Care Plan
- Guided Dental HMO Plan
- Retiree Dental

**Important:** To avoid additional correspondence, you should recheck this form to be sure that it has been fully completed before submitting to GuideStone.

**GUIDESTONE USE ONLY**

Processed by: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ HIPAA/PCL: \_\_\_\_\_

Adjustments: \_\_\_\_\_

Remarks: \_\_\_\_\_