BlueCross BlueShield of Illinois

Dearborn National™*
Underwritten by Fort Dearborn Life Insurance Company

Enrollment Change Request Form

(This form should be used for miscellaneous membership changes. It cannot be used for open enrollments or for additions of any type and must be completed by a Group Administrator.)

Please complete in black ink, keep second part for your records and third part for your employee's records.

Employer Name O'Fallon CCSD #90 **Group/Section #** P40148 / P76927

Member Name _____ **Social Security Number (SSN)** _____-___-_____

Member Date of Birth _____

This request is a change for: ❑ employee ❑ dependent ❑ all family members

For dependent change: **Spouse's Name** _____ **SSN:** _____-____-_____ **Date of Birth** MM DD YYYY ___/___/_____

Child's Name _____ **SSN:** _____-____-_____ **Date of Birth** MM DD YYYY ___/___/_____

❑ **Change Name to** _____

❑ **Change Address to** _____

Medicare:

❑ **Employee** ❑ **Spouse** ❑ **Child is now Medicare eligible. Please complete the section below:**

HIC #	**Medicare B**	**ESRD Dialysis**	**Disability**
Medicare A	Start Date:	Start Date:	Start Date:
Start Date:	End Date:	End Date:	End Date:

Termination/Continuation of Coverage:

❑ **Health Coverage** ❑ **Dental Coverage** ❑ **Life Coverage**

Due to:	Left Employment	As of: ___/___/___	IL Continuation ended	As of: ___/___/___
	Child reached limiting age	As of: ___/___/___	COBRA Eligibility began	As of: ___/___/___
	No longer full time student	As of: ___/___/___	COBRA ended	As of: ___/___/___
	Divorce	As of: ___/___/___	Death (effective date is date AFTER death)	As of: ___/___/___
	IL Continuation began	As of: ___/___/___	Other (explain) _____	As of: ___/___/___

Changes to Life Benefit and/or Beneficiaries:

Amount of Life Insurance Give new salary $_____ ❑ hourly ❑ weekly ❑ monthly ❑ annually

Amount of Insurance AFTER change $_____

New Job Title _____

Beneficiary(ies) –This revokes any current beneficiary designations. Change my beneficiary(ies) to:

1) Last Name _____ First Name _____ Relationship Date of Birth ___/___/___

Address _____

2) Last Name _____ First Name _____ Relationship Date of Birth ___/___/___

Address _____

Employer or Group Administrator Signature **Date**

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