



CHANGE OF STATUS FORM

MEMBER NUMBER (SSN)	LAST NAME, FIRST NAME MI	EFFECTIVE DATE OF CHANGE
		DATE OF BIRTH
GROUP NAME JEFFERSON COUNTY COMMISSION		GROUP # VS146 Retiree

CHANGE INFORMATION	
<input type="checkbox"/>	ADD DEPENDENTS
<input type="checkbox"/>	DELETE DEPENDENTS
<input type="checkbox"/>	ENROLL IN GROUP <input type="checkbox"/> SINGLE <input type="checkbox"/> SINGLE +1 <input type="checkbox"/> FAMILY
<input type="checkbox"/>	TERMINATE COVERAGE
<input type="checkbox"/>	OTHER

RELATIONSHIP	NAME	SEX	DATE OF BIRTH	SOC-SEC-NUM	FULL-TIME STUDENT Y OR N?

Signature _____

Date _____