2019

MB&WWA Employee Benefit Trust

ENROLLMENT CHANGES

DISTRIBUTOR _____

COMPLETED BY *(please print)* _____

SIGNATURE _____

DATE _____

DIRECTIONS: Please provide requested information. *(Failure to provide all information will result in a delay of enrollment and/or change of coverage.)*

New employees — Provide information requested on this form along with a completed "Enrollment Form." *A "Waiver Form" is needed if declining any coverage for themselves or family members. Include date of* ***full-time*** *employment.*

Add dependent — Include dependent's name, social security number, relationship to employee, birth date, marriage date, alternate insurance information if applicable. *Provide copy of birth certificate/marriage certificate.*

Terminate coverage — Include last day worked,coverages to be terminated and reason for coverage termination, i.e. quit, laid off, retired, on leave; dependent no longer eligible, divorce, death, etc. *Please provide a forwarding address for the affected dependent(s) if different than the employee's. (Proof required for dependent changes-- i.e. Divorce Decree, Death Certificate, etc.)*

Coverage Change — Indicate type of coverage to be changed and reason (i.e. transferred positions, promoted/demoted, etc.)

Other — Clearly explain any other changes

*****Remember to report address changes***

SOC SEC NUMBER	EMPLOYEE NAME (Last, First)	DIVISION NUMBER	CHANGE (Review above directions)	DATE OF CHANGE	DATE OF HIRE *(FULL-TIME)*

Coverage changes that reach MBWWA *after the 20th of the month* will be reflected on the following month's bill. (Please pay your monthly premium billing as billed.)

Credits for terminated coverage will be provided if notification is received by the MBWWA within ten (10) calendar days following date of the termination or change in status. (Dependent cancellations must be received within 31 days of ineligibility.)

Please, remember to review your monthly premium billing regularly. ***Changes must be made in a timely manner.***

Questions — call Tonya or Melissa 517/482-5555.

Return via U.S. mail, email, or FAX:

MBWWA Employee Benefit Trust, 332 Townsend, Lansing, Michigan 48933, FAX 517/482-1532

For MBWWA use only

_____ **Billing**
_____ **BCBS**
_____ **VSP**
_____ **COBRA**