

EMPLOYMENT PARTNERS BENEFITS FUND

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CHANGE FORM

LAST NAME FIRST NAME M.I. S.S.N.

ADDRESS: _____

PHONE: _____ Email: _____

SPOUSE DATE OF BIRTH S.S.N.

DEPENDENT DATE OF BIRTH S.S.N. SEX

CHECK THE APPROPRIATE ACTION CODES:

_____ CHANGE OF ADDRESS

_____ ADD SPOUSE (ATTACH A COPY OF MARRIAGE CERTIFICATE)

_____ REMOVE SPOUSE (ATTACH A COPY OF DIVORCE DECREE)

_____ ADD DEPENDENT (ATTACH A COPY OF BIRTH CERTIFICATE AND SOCIAL SECURITY CARD)

_____ REMOVE DEPENDENT - STATE REASON

_____ NAME CHANGE (ATTACH MARRIAGE CERTIFICATE OR LEGAL NAME CHANGE DOCUMENT)

_____ OTHER - EXPLAIN: