



Employee Name \_\_\_\_\_

Employee # \_\_\_\_\_

Blue Cross ID Card Certificate # \_\_\_\_\_

- Please complete the appropriate section(s) and return form to Human Resources.
- If this change is within 60 days of a prescribed Life Event and you are also changing your Flex Plan Option, return your completed Flex Plan Option Change form to Human Resources along with this form.

**NAME CHANGE – FOR EMPLOYEE, SPOUSE OR DEPENDENT**

From \_\_\_\_\_ To \_\_\_\_\_

If name change is due to marriage, Addition of Spouse section must be completed.

**ADDITION OF SPOUSE AND/OR DEPENDENT(S)**

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Employee:

Spouse  Common-Law Spouse  Child  Common-Law Child  Other, specify \_\_\_\_\_

Date of Birth (yyyy/mm/dd) \_\_\_\_\_ Gender:  Male  Female

For addition of spouse/common-law spouse: Date of Marriage/Cohabitation (yyyy/mm/dd) \_\_\_\_\_

2. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to Employee:

Spouse  Common-Law Spouse  Child  Common-Law Child  Other, specify \_\_\_\_\_

Date of Birth (yyyy/mm/dd) \_\_\_\_\_ Gender:  Male  Female

For addition of spouse/common-law spouse: Date of Marriage/Cohabitation (yyyy/mm/dd) \_\_\_\_\_

For additional dependents, enter information under Other Changes below.

**DELETION OF SPOUSE OR DEPENDENT**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Reason \_\_\_\_\_ Date Reason Occurred (yyyy/mm/dd) \_\_\_\_\_

For additional deletions, enter information under Other Changes below.

**OTHER CHANGES (SPECIFY)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION OF CHANGE**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Human Resources Signature \_\_\_\_\_ Date \_\_\_\_\_

Status Change  No  Yes: From \_\_\_\_\_ To \_\_\_\_\_ Flex Option: \_\_\_\_\_