

EMPLOYEE CHANGE FORM

OAHU: PHONE: 529-9230 TOLL FREE: 1-844-829-3256
 FAX: 529-9207 1-866-590-7989
 EMAIL: MS@HawaiiDentalService.com

A.	Group Information	To be completed by the Group Administrator	PLEASE PRINT LEGIBLY
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Group/Division # <input type="text"/>	/	<input type="text"/>	Group Name <input style="width: 90%;" type="text"/>
Contact Name <input style="width: 250px;" type="text"/>	Contact Phone # <input type="text"/>	- <input type="text"/>	- <input type="text"/> ext <input type="text"/>

B.	Update Type	Indicate the transaction type requesting.
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<input type="checkbox"/> Add Family Member(s)	<input type="checkbox"/> Terminate Family Members	<input type="checkbox"/> Reinstatement
<input type="checkbox"/> Change/Correction to Information	<input type="checkbox"/> Address/Email Change	<input type="checkbox"/> Transfer from _____ to _____

C.	Reason for Change	Indicate the reason/qualifying event of the change.
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<input type="checkbox"/> Open Enrollment	<input type="checkbox"/> Loss of Coverage	<input type="checkbox"/> Probation	<input type="checkbox"/> Marriage/Civil Union (Date) ____/____/____
<input type="checkbox"/> Newborn	<input type="checkbox"/> Adoption (Date) ____/____/____	<input type="checkbox"/> Legal Guardianship (Date) ____/____/____	

D.	Employee	Complete the employee's information.
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EFFECTIVE DATE OF CHANGE/UPDATE	EMPLOYEE IDENTIFICATION NUMBER	BIRTHDATE (MM/DD/YYYY)	SEX
<input type="text"/>	<input type="text"/>	<input type="text"/>	M F
LAST NAME <input style="width: 900px;" type="text"/>			
FIRST NAME/MIDDLE INITIAL <input style="width: 900px;" type="text"/>			
MAILING ADDRESS <input style="width: 900px;" type="text"/>			
CITY <input style="width: 900px;" type="text"/>			
STATE	ZIP CODE	PHONE NUMBER	EMAIL ADDRESS
<input type="text"/>	<input type="text"/>	(<input type="text"/>) <input type="text"/> - <input type="text"/>	<input style="width: 350px;" type="text"/>

E.	Family Members	Complete this section to add or terminate family member(s). Please attach a separate sheet for additional dependent(s). Be sure to include the eligible employee's identification number and name when attaching additional sheets.
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BIRTHDATE (MM/DD/YYYY)	RELATION	SEX	
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full-time student
	<input type="checkbox"/> Civil Union Partner		<input type="checkbox"/> Disabled Child
LAST NAME <input style="width: 900px;" type="text"/>			
FIRST NAME/MIDDLE INITIAL <input style="width: 900px;" type="text"/>			

BIRTHDATE (MM/DD/YYYY)	RELATION	SEX	
<input type="text"/>	<input type="checkbox"/> Spouse <input type="checkbox"/> Child	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Full-time student
	<input type="checkbox"/> Civil Union Partner		<input type="checkbox"/> Disabled Child
LAST NAME <input style="width: 900px;" type="text"/>			
FIRST NAME/MIDDLE INITIAL <input style="width: 900px;" type="text"/>			

F.	Authorization	I certify that the information provided is true, correct and meets the terms and conditions of the HDS Agreement.
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Group Administrator Signature

Date