ALTIUS
HEALTH PLANS

10421 South Jordan Gateway, Suite 400
South Jordan, Utah 84095

CHANGE/DELETE FORM

Incomplete forms will delay the enrollment process

For Office Use Only

Group No. | Effective Date

Please Print

Employer: _____

Employee Name: _____ Social Security Number: _____

Please check the type of change requested. Complete the appropriate information below.

♦CHANGE/CORRECTION

- ❑ Name Change/Correction
  - From: _____
  - _____
  - To: _____
  - _____
- ❑ Address Change
- ❑ Telephone Number Change
- ❑ Primary Care Provider Change
- ❑ Enrollment Change:
  - ❑ Cancel Medical Coverage
  - ❑ Cancel Dental Coverage
- ❑ Other:_____
  - _____
  - _____
  - _____

♦ADDITIONS

- ❑ Spouse
  - ❑ Marriage (attach copy of Marriage Certificate)
  - ❑ Loss of other Coverage (attach Certificate of Creditable Coverage)
- ❑ Child/Children (check one)
  - ❑ Newborn
  - ❑ Adoption (attach copy of court documentation)
  - ❑ Loss of Coverage (attach Certificate of Creditable Coverage)
  - ❑ Court order/Legal Guardianship (include copy of court documentation)
  - ❑ Other

♦DELETIONS

- ❑ Employee
- ❑ Employee and Family
- ❑ Employee and Spouse
- ❑ All Dependents
- ❑ Child/Children (list below)
- ❑ Spouse only (if applicable, include Divorce Decree)

Reason for deletion: _____

_____

_____

_____

_____

_____

_____

♦TERMINATION OF EMPLOYMENT

_____

Termination Date

Coverage will continue through the calendar month of termination.

❑ Employee is electing COBRA or State Continuation of Coverage (New enrollment form required)

Effective date other than open enrollment or termination, please attach applicable documentation.

Social Security Number	Name Last	First	Initial	M/F	Birthdate	Physician	Code
	Self						
	Spouse						
	Dependent						
	Dependent						
	Dependent						
	Dependent						
	Dependent						

New Address:_____ Apt#: _____ New Telephone: ( ) _____

City: _____ State: _____ Zip Code: _____

Employee Signature: _____ Date: _____

Effective Date of Change: _____