

Personal Plans Change Notice

1. PARTICIPANT INFORMATION address change name change

Participant name: _____ Social Security number (last four digits): _____

Home address: _____

City: _____ State: _____ ZIP Code: _____

Daytime telephone: (_____) _____ Email address: _____

Marital status: Married Single

Important: If your marital status has changed and/or information you previously provided to GuideStone® is no longer correct, please attach copies of the appropriate document(s) to verify the change (e.g., marriage certificate, death certificate, divorce decree).

2. EMPLOYER INFORMATION address change

Employer name: _____ Account number: _____

Employer street address: _____

Billing address (if different than street address): _____

Employer telephone: (_____) _____ Email address: _____

Position with employer: _____

Contact person (direct notices to): _____

New contact person (employer)

3. TYPE OF CHANGE

Salary change: effective date of new salary: ____/____/____
Annual salary amount: \$ _____

Termination of employment

Last date of employment: ____/____/____

(coverage ends at 11:59 p.m. on the date listed)

▶ The Affordable Care Act requires a paid-through¹ date if medical coverage will be terminated. This may affect the actual date the employee's medical coverage is terminated. Provide the last date for which the employee contributed toward medical costs if applicable ____/____/____.

Check all that apply to the employee terminating employment.

Retiring Returning to seminary (please name seminary): _____

Seeking other employment with an organization eligible to offer products and services made available through GuideStone

Leaving employment with no intent to pursue employment with an organization eligible for products and services through GuideStone

Terminate a product(s): (coverage ends at 11:59 p.m. on the date listed: ____/____/____)

Note: The termination date for medical coverage may be adjusted to comply with the Affordable Care Act.

Medical Dental Life AD&D Supplemental AD&D Disability

Terminate coverage for

Employee Spouse All dependent children Specific dependent children

Continued on other side



List dependent(s) whose coverage should be terminated: _____

¹The paid-through date is the latest date for which an employee has contributed toward the cost of medical coverage for him/herself or a covered dependent.

Signature of person reporting change: _____

Title: _____

Return to: Insurance Operations — Personal Plans
GuideStone Financial Resources, SBC
5005 LBJ Freeway, Ste. 2200
Dallas, TX 75244-6152

Or you may email it to: Insurance@GuideStone.org