

Employee Maintenance Form Group Plans

A. EMPLOYER INFORMATION

Employer name: _____ Employer number: _____

City: _____ State: _____ ZIP Code: _____

B. EMPLOYEE INFORMATION

Check if address change Check if name change

Employee name: _____

Employee address: _____

City: _____ State: _____ ZIP Code: _____

Social Security number (last four digits): _____ Home telephone number: (_____) _____

Marital status: Single Married

Country of destination: _____ Airport code: _____ Effective date: ____/____/____

C. TYPES OF CHANGES (INDICATE ALL APPROPRIATE CHANGES BY PLACING AN "X" IN THE APPROPRIATE BOXES.)

Add coverage Change coverage

Dental plans

- For myself
- For my spouse
- For eligible children

Coverage (check one):

- Premier Dental Care Plan
- Choice Dental Care Plan
- Cigna Dental Care® DHMO Plan
(DHMO office ID number: _____)

Supplemental Accidental Death and Dismemberment

- For myself Amount: \$ _____
- For my spouse Amount: \$ _____ (50% of employee volume)

Decrease optional term life

- For myself Amount: \$ _____
- For my spouse Amount: \$ _____ (cannot exceed 50% of employee volume)

Salary change

- Salary increase
- Salary decrease
- New monthly salary (_____)

Other changes

- Marital status: _____
- Class change: _____
- Other: _____

Leave of absence

- Paid Unpaid
- Reason: FMLA General Military
- Coverage: Medical Life Dental
- Accident

For dependent(s) to be covered, provide the following information:

Last name	First name	MI	Social Security number	Date of birth	Relationship	Sex M/F

Employee signature: _____ Date: ____/____/____

Employer signature: _____ Date: ____/____/____

Return to: GuideStone
Insurance Services – Group Plans
5005 LBJ Freeway, Ste. 2200
Dallas, TX 75244-6152

Or fax to: (877) 834-1025

