

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: _____

Mailing address: _____

City: _____ State: _____ ZIP code: _____

Social Security number (last four digits): _____ Telephone: _____

Marital status: ☐ Married ☐ Single

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

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

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)

Employee Changes

☐ New monthly salary (_____)

☐ Marital status: _____

☐ Class change: _____

☐ Other: _____

Leave of absence

☐ Paid ☐ Unpaid

Reason: ☐ FMLA ☐ General ☐ Military

Maintain Coverage: ☐ Medical ☐ Life ☐ Dental

☐ Accident ☐ Vision

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

Last name	First name	MI	Social Security Number	Birthdate	Relationship	Sex M/F

Employee signature: _____ Date: _____

Employer's Authorized Representative signature: _____ Date: _____

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

Fax to: (877) 834-1025 or **email to:** Group.Insurance@GuideStone.org*

***This is an unmonitored inbox for form submission ONLY.**

