



# Rehire / Change Card

BeniComp Inc.  
8310 Clinton Park Dr.,  
Ft. Wayne, IN 46825

(260) 482-7400 ■ 1-800-837-7400

**This form must be either typed or printed. Illegible or Incomplete forms will Not be processed.**

Employee Name	Group name & #										
Address	Social Security Number <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Termination Date Month / Day / Year	Layoff Date Month / Day / Year										

### Circle Which Coverage You Are Terminating

Life AD&D    Dependent Life    LTD    STD    Medical    Dental    Vision    Flex    Other \_\_\_\_\_

### Dependent Change

Add This Or These Dependents      Effective date \_\_\_\_\_

Terminate This Or These Dependents      Effective date \_\_\_\_\_

Full Name and Relations	Male or Female	Date of Birth

### Reasons For Change

Change Effective Date \_\_\_\_\_

Death     Adoption     Marriage     Divorce     Name Change     Other \_\_\_\_\_

All of the above reasons require supporting documentation

### Changes In Type Of Coverage

Class Change	Life Amount Change
From: _____	From _____
To: _____	To: _____

### Change Of Address

New Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Change Of Beneficiary

Primary Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contingent Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

I understand that if Evidence of Insurability is required for any of the changes, the change will not become effective until approved by BeniComp, Inc. I hereby authorize an increase in my payroll deduction, if any required, for this change.

**The employee must sign below for the above changes (except for termination date and change of address).**

Signature: \_\_\_\_\_ Date \_\_\_\_\_

### For BeniComp Internal Use Only

_____ Process Form	_____ COBRA/HIPPA Notice Sent	_____ ID Card Printed
_____ Update RX	_____ Lafayette Life Updated	_____ Copy to Billing
_____ Qualifying Event Generated	_____ HIPPA Only Sent	_____ Sent To Scanning