Change Request Form *Attn: GPES / Fax# (402) 997-1991*

Group Premium and Enrollment Services
Underwritten by: United of Omaha Life Insurance Company • Mutual of Omaha Insurance Company

To Be Completed By Employer Or Plan Sponsor

Employer's Company Name: **CANDY FLEET**	Group I.D. **G000893D**
Location Code: N/A	
Sub-Group I.D. 0001	Class: ☐ A001 ☐A002

To Be Completed By Employee (Please Print)

Social Security Number _____-_____-_____ **Name**_____

Coverage affected:
☐ Dental
☐ Basic Life/AD&D
☐ Voluntary Term Life

Employee Change(s)

	From	To	Effective Date Mo. Day Yr.
☐ Name[1]			___/___/___
☐ Class[1]			___/___/___
☐ Address	Address	Zip Code	
	City	State	___/___/___

Drop Employee Coverage: _____ Effective: _____

[1]Reason: _____

Reinstatement of Insurance: **Effective Date** Mo. Day Yr.

Date Returned to Work ___/___/___
Date Previously Canceled[2] ___/___/___

[2]Reason for Previous Cancellation: (check one)
☐ Layoff
☐ Disability
☐ Leave of Absence
☐ Other (specify) _____

DEPENDENT EVENT CHANGE(S) (Both Event Reason And Date Of Event Must Be Completed)

Event Reason: ☐ Marriage ☐ Birth ☐ Adoption ☐ Step-child(ren)[3] ☐ Divorce ☐ Death

☐ Loss of Coverage (must specify reason) _____
☐ Other (must specify reason) _____

Date of Event: _____/_____/_____

INSURANCE COMPANY USE ONLY

___/___/___
Effective Date Of Change

Instructions: If you want to add a new dependent to this plan, you must make written request for dependent coverage by completing this Change Request Form. You must return this form to your plan administrator. To add an eligible dependent you must make your written request within 31 days (or as otherwise stated in the plan) after such dependent becomes eligible under the terms of this group plan. If your written request is made after 31 days, your eligible dependent may be considered a late enrollee and may be subject to additional conditions as stated in the plan. If the plan is contributory, this form **must** be signed and dated to authorize payroll deductions.

I represent that the information I have provided in this Change Request Form is complete, true and accurate, to the best of my knowledge.

Signature of Employee _____ **Date** ___/___/___