

## 2016 Utah Individual Plans Off Exchange Change Form

### SECTION 1 – SUBSCRIBER INFORMATION

Subscriber's Name \_\_\_\_\_ ID # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### SECTION 2 – SUBSCRIBER INFORMATION CHANGES

Name Changed From \_\_\_\_\_ Marital Status Change  Legally Married  Divorced  Death

Name Changed To \_\_\_\_\_ Effective Date of Marital Change \_\_\_\_\_

New Address \_\_\_\_\_ Unit/Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ New Ph# \_\_\_\_\_

### SECTION 3 – ADDING DEPENDENTS

#### SPOUSE

First and Last Name	Date MM/DD/YY	Reason

**CHILDREN – Newborns, adopted child or child placed for adoption within 60 days of birth or adoption** (Submit a copy of placement or adoption papers with the Change Form)

First and Last Name	Sex M/F	Relationship	Date of Birth MM/DD/YY
		<input type="checkbox"/> Natural <input type="checkbox"/> Adopted	
		<input type="checkbox"/> Natural <input type="checkbox"/> Adopted	

### SECTION 4 – TERMINATING DEPENDENTS

#### SPOUSE

First and Last Name	Termination Date MM/DD/YY	Reason

#### CHILDREN

First and Last Name	Termination Date MM/DD/YY	Reason

### SECTION 5 – DISCONTINUE MEDICAL BENEFITS

I hereby request the discontinuation of medical benefits received under contract by University of Utah Health Plans. I understand that the discontinuance will be effective on the last day of the month following receipt and approval of this request by University of Utah Health Plans. I also understand that no cancellation will be made on a retroactive basis.

### SECTION – SIGNATURE

By signing, you agree to the changes requested above and acknowledge that your monthly premium may change. To terminate coverage, please mark the box in section 5 above before signing.

Subscriber's Name \_\_\_\_\_ Date \_\_\_\_\_