

# STARMOUNT LIFE INSURANCE COMPANY CHANGE REQUEST

COMPANY NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_

**TYPE OF CHANGE: (Please list below)**

**SPECIAL EVENTS: (Please provide actual date and dependent name below)**

1. Add New Employee (Attach Enrollment Form)
2. Name Change
3. Address Change
4. Cancel Dependent(s)

5. Cancel All Coverage--Termination of Employment
6. Cancel All Contributory Coverage--Request of Active Employee
7. Partial Cancellation (Coverages) to be Canceled \_\_\_\_\_
8. Change Insurance Amount due to Salary Change
9. COBRA Enrollment (Attach Election Form)
10. COBRA Termination
11. Other

12. Add Dependent (s)--Marriage  
DATE OF MARRIAGE \_\_\_\_\_
13. Add Dependent (s)--Birth or Adoption
14. Death
15. Rehired Employee: (Include Data of Rehire)
16. Divorce

### COMPLETE FOR ELIGIBLE EMPLOYEE OR DEPENDENT(S) CHANGING

SPECIAL EVENT OR TYPE OF CHANGE		LAST NAME	FIRST NAME	EMPLOYEES SS#	BIRTHDAY MO/DAY/YR	SEX	SALARY/ADDRESS CHANGE	COVERAGES AFFECTED
#	EFFECTIVE DATE							

(All necessary information must be included to avoid processing delays)

**COMMENTS:**

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\_\_\_\_\_  
EMPLOYER'S (OR REPRESENTATIVE) SIGNATURE

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

(        ) \_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

**SEND TO:  
STARMOUNT LIFE INSURANCE COMPANY  
ATTN: GROUP INSURANCE  
P.O. BOX 98100  
BATON ROUGE, LA 70898-9100  
FAX: 225-929-7288**