

WARREN EQUITIES, INC.
27 WARREN WAY
PROVIDENCE, RI 02905-500
401-781-9900

H E A L T H C O V E R A G E C H A N G E F O R M

EMPLOYEE NAME: _____

SOCIAL SECURITY NUMBER: _____

Check and Explain Type of Change:

I wish to Cancel my health coverage, as of _____ 20__.
(for office use only Actual Effective Date: _____)

I wish to Change Dependent Coverage due to:

Birth: Child's Name: _____
Date: _____

Marriage: Spouse's Name: _____
Date: _____

Divorce: Spouse's Name: _____
Date: _____

Other: Specify: _____
Date: _____

Add Dependents: For additional dependents please attach separate sheet.

Dependents Name: _____

Date of Birth: _____

Social Security Number: _____

Delete Dependents: For additional dependents please attach separate sheet.

Dependents Name: _____

Date of Birth: _____

Social Security Number: _____

Name Change:

Former Name: _____

Date: _____

Signature _____ Date _____