



Employee Personal Status Change Form

Use to add or delete dependents, change address, and/or to delete options. Please fill out completely, sign and return to your employer. These changes *must* be submitted promptly to insure an accurate invoice and provide accurate coverage.

Questions? Call 888.888.4167

MESSA Member Information *(Please Print)*

First Name		Last Name		Social Security #
Address				MESSA Member ID
Address 2				Home Phone ()
City	State	Zip Code	Business Phone ()	
County		Effective Date (if changing address)		

Please list all dependents to be added or deleted from your coverage.

Type of MESSA Health Plan: _____

First Name	Last Name	Gender		Date of Birth (mm/dd/yyyy)	Social Security #	Relationship	Reason Code* <i>(See Below)</i>	Requested Effective Date (mm/dd/yyyy)
		M	F					

***Reason Code**

<ul style="list-style-type: none"> 1 Marriage 2 Birth 3 Adoption^A 4 Legal Guardianship^A 5 Sponsored Dependent^B 6 Divorce - Delete Spouse 7 Delete Dependent 8 Address Change 9 Delete Options^C 	<p>A. Please provide a copy of legal documents to verify dependent eligibility, if necessary, or if legally changing name.</p> <p>B. A sponsored dependent must be declared as an IRS dependent during both the preceding year and the current year for which coverage is sought. See plan coverage booklet for complete eligibility requirements.</p> <p>C. Explain: _____ _____ _____</p>
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Employee Signature	Date
Authorized Employer Signature and Stamp	Date