

**BENEFITS UPDATE
BLUE CROSS/BLUE SHIELD and DENTAL**

Complete Section I Employee information

Name		Bldg.	
Street		Phone#	
City/State/Zip		Email	
Effective Date of Change (must be first of month)		Retired	Active

Complete Section II pertaining to Change(s)

ADDITIONS: Submit Proof (Birth Certificates, Marriage Certificates, Etc.)

Name	DOB	SS#	Sex	BC/BS	DENTAL	Relationship

DELETIONS: Submit Proof (Divorce Certificate, Death Certificate)

Name	DOB	SS#	Sex	BC/BS	DENTAL	Relationship

ADDITIONS: Adult Children 18- 26 Submit Proof (Birth Certificates, School Enrollment, Etc.)

Name	DOB	SS#	Sex	BC/BS	DENTAL age 23	Relationship