BROKERS NATIONAL LIFE ASSURANCE COMPANY

Insurance Change Card, for: ❒ Dental Coverage ❒ Vision Coverage ❒ Add the following Dependents ❒ Cancel My Coverage ❒ Cancel the following Dependents Only ❒ Change Name/Address

GROUP # (IF APPLICABLE)	EMPLOYEE'S NAME	SS#
EMPLOYER NAME		

NAME (SPOUSE)	SEX ❒ Male ❒ Female	DATE OF BIRTH	
NAME (CHILD)	SEX ❒ Male ❒ Female	DATE OF BIRTH	STUDENT? ❒ Yes ❒ No
NAME (CHILD)	SEX ❒ Male ❒ Female	DATE OF BIRTH	STUDENT? ❒ Yes ❒ No
NAME (CHILD)	SEX ❒ Male ❒ Female	DATE OF BIRTH	STUDENT? ❒ Yes ❒ No
NAME (CHILD)	SEX ❒ Male ❒ Female	DATE OF BIRTH	STUDENT? ❒ Yes ❒ No

REQUESTED EFFECTIVE DATE OF CHANGE	EMPLOYEE'S SIGNATURE	DATE

DV-Change(2001)

Complete Reverse Side of Card

❒ New Name	❒ New Address

Reason for Change:

❒ Open Enrollment – Date _____

❒ Adoption/Guardianship – Date _____ (*Attach Documentation*)

❒ Marriage – Date of Marriage _____

❒ Other Coverage Stopped – Date Coverage Stopped _____ (*Attach Previous Coverage Information*)

❒ Other _____

DV-Change(2001)

New Enrollees must complete an Enrollment Application Form