FIRST
Service Administrators Inc.

780 W. Granada Blvd, Suite 250
Ormond Beach, Fl 32174
(386) 676-5760 • 800-323-4890
(Please print or type)

CHANGE OF STATUS FORM

Addition or Deletion will not be processed without a reason specified

Last Name _____ First Name _____ Middle Name _____ Social Security Number _____

1. I AM ADDING (Please list all eligible persons)
Reason for addition: (Please check appropriate box)

☐Marriage ☐Birth of Child ☐Stepchild ☐Child by legal adoption ☐Child by legal guardianship (ward)

☐Other, please specify_____

Date of Event _____/_____/_____ ***(Changes must be done within 30 days of the change)***

Full Name Last	First	Middle	Social Security Number	Sex M / F	Birthdate MM/DD/YY	Medical	Dental	Tobacco User	Disabled
Spouse				○ ○		☐	☐	☐	☐
Child				○ ○		☐	☐	☐	☐
Child				○ ○		☐	☐	☐	☐
Child				○ ○		☐	☐	☐	☐

2. I AM DELETING (Please list all persons to be removed from coverage)
Reason for deletion: (Please check appropriate box or specify on "Other" line)

☐Disenroll during Open Enrollment

☐Divorce ☐Marriage of Minor Dependent ☐Death of Dependent

☐Dependent over age limit ☐Other, please specify_____

Date of Event _____/_____/_____ (Changes must be done within 30 days of the change)

Full Name Last	First	Middle	Social Security Number	Sex M / F	Birthdate MM/DD/YY	Member Number	Medical	Dental	COBRA Eligible * Give reason below
Spouse				○ ○					
Child				○ ○					
Child				○ ○					
Child				○ ○					

*** Reason for being COBRA eligible:**

3. OTHER (non-status affecting) CHANGES: (Please check appropriate box)
Changes must be done within 60 days of the change

☐Change of Name ☐Change of Address/Phone Number/Email

Name Change:_____ _____
From To

New Address: _____
Street Name and Number (Apt. or Lot No.) City State Zip Code

Change Phone Number ( ) _____ PIN _____

Change Beneficiary To:_____ SS#: _____

Email: _____

I certify that the above information is correct to my knowledge and belief:

_____ ___/___/___ _____ ___/___/___
Subscriber's Signature Date Employer's Signature Date