



JENISON PUBLIC SCHOOLS

WMHIP INSURANCE

CHANGE FORM

CURRENT Name and Address Information

First Name	Last Name	
Address		
City	State	Zip Code
Email	Daytime Phone ()	

NEW Name and Address Information

First Name	Last Name	
Address		
City	State	Zip Code
Email	Daytime Phone ()	

***CHECK ONE:**

1	Marriage
2	Birth: to add a newborn
3	Adoption – Provide copy of legal documents. Provide a copy of Order for Purposes of Adoption.
4	Divorce
5	PAK Change Current PAK: _____ New PAK Election _____
6	Add <input type="checkbox"/> /Remove <input type="checkbox"/> Dependent(s). Explain _____

Spouse/Dependents

First Name	Last Name	M	F	Date of Birth (mm/dd/yyyy)	Social Security #	Relationship to Employee	*Change Code <small>(see above)</small>

Employee Signature _____

Date _____ Change Effective Date _____