



# 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:**

<b>1</b>	Marriage
<b>2</b>	Birth: to add a newborn
<b>3</b>	Adoption – Provide copy of legal documents. Provide a copy of Order for Purposes of Adoption.
<b>4</b>	Divorce
<b>5</b>	PAK Change    Current PAK: _____    New PAK Election _____
<b>6</b>	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 \_\_\_\_\_