

CHANGE OF STATUS FORM

Addition or Deletion will not be processed without a reason specified

•		Ado	dition or Deletion w	ill not be p	rocessed	without a reas		
Last Name	First na	me	Middle Name		Social Security Number			
Group Name (if a	pplicable): C	ollier Count	y Sheriff's Office	Grou	oup Number: 14198			
. LAM ADDING	G (Please list	all eligible p	ersons)	CONTRACTOR	ALE KAN			
Reason for add	lition: (Please	e check appr	opriate box)		7 CL:14 1	an lagal guard	ionship (ward)	
☐ Marriage ☐ I	Birth of Child	☐ Stepchil	ld □Child by legal	adoption [by legal guard	iansinp (ward)	
☐ Other, please s	pecify	(Must l	be done within 60 d	ays)				
	' ull Name	(1.1451	I	1	Sex 1	Birthdate	M, D, or	
Last	First	Middle	Social Security N	Number	M/F	M/D/Y	(B)oth	
Spouse								
Child								
Child							-	
Child								
Child								
THIS IS A PE Reason for de	RMANENE' letion: (Pleas	Г CHANGE e check арр	le persons to be rem UNLESS THERE IS ropriate box)	S A QUALI	FYING I	VISN I		
Disenroll dur	ing Open En	rollment	☐ Divorce	☐ Depen	dent ovei	r age minit		
Date of Event	endent L	Otner, piea /	se specify (Must be done wit	thin 60 day	s)			
F	ull Name				Sex	Birthdate	M, D, or	
Last	<u>First</u>	Middle	Social Security 1	Number	<u>M/F</u>	M/D/Y	(B)oth	
Spouse								
Child								
Child								
Child				-		<u> </u>		
Child								
3. OTHER (nor Change of Na	n-status affect me	ing) CHAN ange of Addi	GES: (Please check a ress/Phone Number	appropriate /E-mail	box)			
Email:								
1			rrect to my knoledge		it:	un en en en en		
Tecruity that the			, ,				1 1	
Subscriber's Sign	nature		/	Employe	er's Signat	ture	Date	
buoscriber s sign								