

REQUEST FOR CHANGE



Phone (229) 225-9943
Fax (229) 225-9945
Call (888) 35 CLAIM

Taylor Benefit Resource

164 Commercial Drive
P. O. Box 6580
Thomasville, GA 31758

COMPANY NAME
EMPLOYEE NAME
SOCIAL SECURITY #

Under the terms of our policy, I hereby request TBR to do the following:

Effective Date of Change

Effective Payroll Date

Reason of Change Termination Birth Marriage Divorce Student Chg Other

1. Change Employee Name From: To:

2. Change Employee Address To:

3. Change Coverage Status

Table with 2 columns: Benefit, Amount. Rows include Medical Reimbursement, Dependent Care, Health, and three blank rows.

Signature Date

Authorized Signature & Title Date