



Three ways to make these eligibility changes:

- Please submit all changes on SIMON
- Email MIT@nclm.org
- Call (919) 715-4000 press 7

CHANGE FORM

Employee Information			
Company Name		Group Number	
Employees Last Name		Employees First Name	
Employee Date of Birth		Sex	M <input type="checkbox"/> F <input type="checkbox"/>
Employee Social Security Number		Main Phone Number for Employee	
Employee Email			
Change Reasons			
Effective Date of Changes:			
Qualifying Event			
Benefits you would like to add			
Medical	Myself	Dependents	Plan Options
Dental	Myself	Dependents	Plan Options
Vision	Myself	Dependents	Plan Options
Life	Myself	Dependents	Plan Options
Supplemental Life	Myself		
STD	Myself		
LTD	Myself		
Cancellation Reason			
Select Benefits you wish to cancel			
Effective Date of Changes:			
Medical	Myself	Dependents	Plan Options
Dental	Myself	Dependents	Plan Options
Vision	Myself	Dependents	Plan Options
Life	Myself	Dependents	Plan Options
STD	Myself		
LTD	Myself		

Comment:

First/Middle/Last	Birthdate	SSN	Sex	Relationship	Medical	Vision	Dental	Life	Disabled

Other Changes	
Effective Date of Changes:	
Change of Address	
Name Change	

Beneficiary Information									
First/Middle/Last	Birthdate	SSN	Sex	Relationship	Medical	Vision	Dental	Life	Disabled

Employee’s signature is required for all changes and terminations except termination of employment.

I agree that to the best of my knowledge and belief, all statements and answers to the questions in this application are complete and true and agree that they will be the basis of the issuance of any coverage by any underwriter or carrier. Subject to the approval of this application the benefits applied for shall become effective in accordance with the summary plan description of your employer’s health care plan.

Instructions for Employer
<ul style="list-style-type: none"> • Please keep the original signed form in the employee’s personnel records. • Please make the changes/terminations in the Benefits Enrollment platform SIMON • If enrollment is late, all past due premiums must be paid in full within thirty (30) days before employee can be placed on insurance plan. <p>If you have any questions, please call the Health Benefits Trust team at (919) 715-4000 press 7</p>

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