

PERSONAL CHOICE

APPLICATION AND CHANGE FORM

1901 Market Street, Philadelphia, Pennsylvania 19103-1480

Reason for Application (Check one)

<p style="text-align: center;">APPLICATION</p> <p><input type="checkbox"/> New Subscriber</p> <p>Effective: _____</p>	<p style="text-align: center;">CHANGE</p> <p style="text-align: center;">Change in Family Status</p> <p>Reason for Change <input type="checkbox"/> Add <input type="checkbox"/> Discontinue Family Member</p> <p> <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce <input type="checkbox"/> Deceased <input type="checkbox"/> Child</p> <p style="text-align: center;">If any dependent is being discontinued, please give his/her current address:</p> <p>_____</p> <p>_____</p> <p style="text-align: center;"><input type="checkbox"/> New Address (list below)</p>
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Applicant	Last Name	First Name	M.I.	Male <input type="checkbox"/>	Date of Birth
				Female <input type="checkbox"/>	
Home Address	Number and Street		City		State
					Zip Code
Social Security Number	Home Telephone Number	Employed by	Employee Number	Date of employment	
				/ /	

Spouse	Last Name	First Name	M.I.	Male <input type="checkbox"/>	Date of Birth
<input type="checkbox"/> Add				Female <input type="checkbox"/>	
<input type="checkbox"/> Remove					/ /
Spouse's Employer (if employed)		Employer's Address		Business Telephone	
				() -	
Social Security Number	Name of Spouse's Health Insurance Carrier	Group Number	Policy Number		

Elegible Dependent	Sex	College Student	Name	Social Security Number	Birth Date
Add <input type="checkbox"/>	Child <input type="checkbox"/>	Male <input type="checkbox"/>			Date of Birth
Remove <input type="checkbox"/>		<input type="checkbox"/> Yes If yes, expected graduation <input type="checkbox"/> No Date: _____			
Add <input type="checkbox"/>	Child <input type="checkbox"/>	Male <input type="checkbox"/>			Date of Birth
Remove <input type="checkbox"/>		<input type="checkbox"/> Yes If yes, expected graduation <input type="checkbox"/> No Date: _____			
Add <input type="checkbox"/>	Child <input type="checkbox"/>	Male <input type="checkbox"/>			Date of Birth
Remove <input type="checkbox"/>		<input type="checkbox"/> Yes If yes, expected graduation <input type="checkbox"/> No Date: _____			
Add <input type="checkbox"/>	Child <input type="checkbox"/>	Male <input type="checkbox"/>			Date of Birth
Remove <input type="checkbox"/>		<input type="checkbox"/> Yes If yes, expected graduation <input type="checkbox"/> No Date: _____			

For any additional eligible dependents, fill out a separate application and attach it to this form.

You are requesting a spouse/dependent change.

Have you updated your Life-Pension BENEFICIARY?

Signature: _____

Payroll Number: _____

Date: _____