



CHOICE BUILDER®

EMPLOYEE RENEWAL CHANGE FORM

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- Complete this form only if you are an active member who wants to make changes.
- New enrollees will need to complete an Employee Enrollment Form.
- Return completed forms to your employer.

Questions? Call 827-8308 or 260-5927.

1. Employee Information

First Name	Middle Initial	Last Name
Name Change/Correction		
New First Name	New Middle Initial	New Last Name
Company Name	Group #	Social Security Number
<input type="text"/>	B <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. Address Change

Resident Address	Apt#	City	State	Zip Code
Mailing Address (if different than resident address)	Apt#	City	State	Zip Code
Home Telephone	Email			

3. Adding/Canceling Coverage *(Canceling coverage for the employee will cancel coverage for the dependents)*

Member Information	Coverage Type	Print Full Legal Name (First, MI, Last Name)	Gender	Social Security Number	Date Of Birth (MM/DD/YYYY)	Full-Time Student	Disabled
Employee <input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Chiro		<input type="checkbox"/> Male <input type="checkbox"/> Female				
Spouse / DP <input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Chiro		<input type="checkbox"/> Male <input type="checkbox"/> Female				
Child <input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Chiro		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child <input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Chiro		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Child <input type="checkbox"/> Add <input type="checkbox"/> Cancel	<input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Chiro		<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reason For Cancellation:

Note: For more than 3 children please make additional copies and attach. If adding dependents ages 19-24, complete the Full-Time Student Verification section below.

Full-Time Student Verification *(For student eligibility guidelines, please refer to the Employee Enrollment Guide.)*

Student's Name	Name of School	Address	City	State	Zip Code
Student's Name	Name of School	Address	City	State	Zip Code
Student's Name	Name of School	Address	City	State	Zip Code

Acknowledgement

Signature X	Date / /
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