CHANGE FORM

PLEASE PRINY OR TYPE

This form must be completed if there is (are) any change(s) in any item affecting your status. Failure to notify of any change(s) may affect your benefits. Send this form to: SBOANJ, 64 Business Route 33, Manalapan, NJ 07726

Last Name First M.I.	Change Name to:

Social Security #	Sex ☐ M ☐ F	Date of Birth

Change Address to:	City, State, Zip	Phone #

Add or Remove Dependent(s)

Check Reason

☐ Marriage ☐ Birth of Child ☐ Divorce ☐ Death Other: _____

Add or Remove	Last Name First	DOB	Sex ☐ M ☐ F	Relation to Member	Social Security #
Add or Remove	Last Name First	DOB	Sex ☐ M ☐ F	Relation to Member	Social Security #

Update Coverage

☐ Requesting Termination	☐ Requesting Change in Coverage (selection below)

Group I: Groom

	Single	**Two-Person**	**Family**
70% - 30% Co-insurance (Dental Included)	☐ $55	☐ $99	☐ $127

Group II: Second Trainer

	Single	**Two-Person**	**Family**
70%-30% Co-insurance (Dental Included)	☐ $165	☐ $308	☐ $374

Group III: Driver/Trainer/Farm/Training Center

	Single	**Two-Person**	**Family**
Option A: 70%-30% Co-insurance (Dental Included)	☐ $220	☐ $407	☐ $440
Option B: 80%-20% Co-insurance (Dental Included)	☐ $275	☐ $509	☐ $625
Option C: 90%-10% Co-insurance (Dental Included)	☐ $363	☐ $625	☐ $825

Signature:	Date: