

# WESTERN MUTUAL INSURANCE COMPANY

## ❧ REQUEST FOR CHANGE OF STATUS OR COVERAGE ❧

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Company Name: \_\_\_\_\_

Change of Name

From: \_\_\_\_\_

First Last M.

To: \_\_\_\_\_

First Last M.

Change in classification to:

Single     Employee & Spouse     Employee & Child     Employee & Children     Family

Reason for change in classification:

Divorce or Legal Separation     Child No Longer Qualifies as Dependent     Voluntary Termination  
 Marriage     Birth or Adoption     Other \_\_\_\_\_

Spouse

Birth Date

Social Security Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dependents

Birth Date

Social Security Number

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Change in Beneficiary:

To: \_\_\_\_\_

Beneficiary

Relationship

To: \_\_\_\_\_

Contingent Beneficiary

Relationship

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_