

CLARK COUNTY HEALTH BENEFIT CHANGE FORM

PLEASE CHECK ONE:

Clark County	Las Vegas Valley Water District	Retiree
COBRA Participant	Mt. Charleston Fire Dept.	S. NV Health District
Henderson Library	Moapa Valley Fire District	University Medical Center
Las Vegas Convention & Visitors Authority	Regional Flood Control District	Water Reclamation District

_____	_____	_____
PERSONAL IDENTIFICATION NUMBER	EFFECTIVE DATE	
_____	_____	_____
LAST NAME	FIRST NAME	M.I
_____	_____	_____
WORK PHONE NO.	CELL PHONE NO.	WORK E-MAIL

NAME CHANGE FOR EMPLOYEE**NAME CHANGE FOR DEPENDENT****ADDRESS CHANGE**

NEW NAME : _____

LAST NAME FIRST NAME M.I

NEW ADDRESS: _____

STREET

CITY/STATE/ZIP CODE: _____ TELEPHONE NO. _____

ADDING DEPENDENTS**DELETING DEPENDENTS**

	LAST NAME	FIRST NAME	M.I	SOCIAL SECURITY NUMBER	D.O.B.	SEX
						M F
SPOUSE						
CHILD						
CHILD						
CHILD						
CHILD						

EXPLANATION**(APPROPRIATE BOX MUST BE MARKED, AND LEGAL DOCUMENTATION ATTACHED)**

Marriage, date _____

Birth or adoption of child, date _____

Divorce, date _____

Death of spouse or dependent, date _____

Switching from part-time to full-time (or vice-versa) employment on the part of me or my spouse, date _____

My spouse or I have taken unpaid leave of absence, date _____

Re-enrollment

Involuntary loss of other health insurance coverage, date _____

Other _____

Basic Life Insurance Beneficiary Designation - Complete only if you wish to make changes

Primary Beneficiary	Contingent Beneficiary
Name: _____	Name: _____
Mailing Address: _____	Mailing Address: _____
Relationship: _____	Relationship: _____

I certify under penalty of perjury that the above information is true to the best of my knowledge. I understand that benefits will be available subject to the exclusions, limitations, and benefits described in the Clark County Group Medical and Dental Benefit Plan(s). I hereby authorize my employer to modify my payroll deduction from my earnings as required due to the above requested change.

DATE**EMPLOYEE'S SIGNATURE**

Risk Mgmt Use
Entry Date _____
Initials _____