

**OAKLAND COUNTY RETIREES  
MEMBERSHIP & RECORD CHANGE FORM**

Act/Rsn \_\_\_\_\_ Mbr \_\_\_\_\_  
Dep Chg \_\_\_\_\_ DE \_\_\_\_\_

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> BCBS Traditional/Rx | <input type="checkbox"/> Supplemental Coverage | <input type="checkbox"/> Waive Medical/Rx | <input type="checkbox"/> Waive Supplemental Coverage |
| <input type="checkbox"/> BCBS PPO/Rx         | <input type="checkbox"/> BCBS Vision           | <input type="checkbox"/> Waive Dental     | <input type="checkbox"/> Waive Prescription coverage |
| <input type="checkbox"/> HAP/Rx              | <input type="checkbox"/> Delta Dental          | <input type="checkbox"/> Waive Vision     | <input type="checkbox"/> Other _____                 |

**PERSONAL INFORMATION:**

Subscribers Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle Int \_\_\_\_\_

SSN \_\_\_\_\_ EMP ID # \_\_\_\_\_ Telephone w/area code \_\_\_\_\_

New \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

**ADD Members to contract**

EVENT	NAME (Last, first)	EVENT DATE	DATE OF BIRTH	SSN (Required)	SEX
<input type="checkbox"/> Marriage to*					
<input type="checkbox"/> Birth*					
<input type="checkbox"/> Stepchild*					
<input type="checkbox"/> Child by legal Adoption**					
<input type="checkbox"/> Child by legal Guardianship**					
<input type="checkbox"/> Sponsored Dep					
<input type="checkbox"/> Other					
<input type="checkbox"/> Other					

For any child listed above, is there a Court order saying which parent is responsible for providing health insurance?  Yes  No  
If yes, attach a copy of the Court order and indicate which parent.  Mother  Father

\*You must attach a birth certificate of dependent and/or marriage license of spouse  
\*\* You must attach the legal supporting documents with this form which includes legal guardianship papers from Court Order

**REMOVE Members from contract** Please complete the "Supplemental Form" for COBRA when removing members from your plan

EVENT	NAME (Last, first)	EVENT DATE	DATE OF BIRTH	SSN (Required)	SEX
<input type="checkbox"/> Divorce					
<input type="checkbox"/> Death of Dep					
<input type="checkbox"/> Loss of Dep					
<input type="checkbox"/> Other					
<input type="checkbox"/> Name Change:					
<input type="checkbox"/> Additional information:					

**I CERTIFY THE ABOVE INFORMATION IS TRUE AND CORRECT TO MY KNOWLEDGE AND BELIEF. I HAVE PROVIDED THE REQUIRED LEGAL DOCUMENTS TO ADD DEPENDENTS TO MY COVERAGE AND CERTIFY THAT THEY DO NOT HAVE OTHER COVERAGE AVAILABLE THROUGH THEIR OWN OR THEIR SPOUSE'S EMPLOYER.**

X \_\_\_\_\_  
Subscribers signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICE USE ONLY**

Group Authorization Signature \_\_\_\_\_ Effective \_\_\_\_\_ Group/Suffix \_\_\_\_\_

## INSTRUCTIONS FOR COMPLETING THIS FORM

THIS FORM SHOULD BE COMPLETED TO REPORT ALL MEMBERSHIP AND RECORD CHANGES TO THE RETIREMENT UNIT. THIS FORM MUST BE SIGNED AND DATED WITHIN 30 DAYS OF THE EVENT WITH A COPY OF THE REQUIRED LEGAL DOCUMENTATION.

<b>ADDING MEMBERS TO YOUR CONTRACT</b>	
MARRIAGE	You may complete & submit this form up to 30 days before or 30 days after the date of the marriage. You must submit a copy of your marriage license with this form. Coverage becomes effect the date of the marriage.
BIRTH OF CHILD	Report a birth within 30 days of the birth date. A copy of the birth certificate is required with this form.
STEP CHILD	You may complete this form up to 30 days before or 30 days after the marriage. A copy of the birth certificate(s) and marriage license is required with this form.
CHILD BY LEGAL ADOPTION	Report within 30 days of the date of petition or date child takes up residence, which ever is later. A copy of the legal documentation is required with this form.
CHILD BY LEGAL GUARDIANSHIP/WARD	Report within 30 days of the date of petition or date child takes up residence, whichever is later. A copy of the legal documentation is required with this form.
OTHER	Use this area to request the addition of any other eligible dependent not listed above then complete the "additional information" section for additional information and include supporting documentation.
<b>REMOVE MEMBERS FROM YOUR CONTRACT</b>	
DIVORCE	Give the name of the divorced spouse and date of divorce judgment. Under "additional information" indicate if coverage for the child(ren) is to be continued on the subscriber's contract or on a contract issued to the divorced spouse. Be sure to include the social security number and address of the divorced spouse on the "supplemental" form.
DEATH OF DEPENDENT	Give the name of the deceased dependent, date of death and a copy of the death certificate.
DEPENDENT MISC.	Use this for to remove dependents who are no longer meet eligibility requirements such as marriage, obtain other coverage, age etc.
OTHER	Use this area to request the deletion of any other (or additional) dependent not covered above. Then complete the "supplemental" form and return it with this form.
ADDITIONAL INFORMATION	This section may be used for misc. information and to provide names, address, social security numbers and other information specifically requested in other areas of this form.

PLEASE RETURN THIS FORM TO:

MEGAN NAVARRE  
HR/RETIREMENT UNIT  
2100 PONTIAC LAKE ROAD, BLDG 41 WEST  
WATERFORD MI 48328-0440