CompBenefits

DENTAL FAX NUMBER: 770-998-6871 VISIONCARE FAX NUMBER: 813-281-0554

CHANGE OF STATUS CARD

MEMBER NUMBER	LAST NAME FIRST MI	EFFECTIVE DATE OF CHANGE
GROUP NAME		GROUP #
☐ DENTAL COVERAGE	☐ VISION COVERAGE	

CHANGE INFORMATION
☐ Terminate – Please State Reason:
☐ Change Name To:
☐ Address:

☐ Add _____

☐ Delete Dependent(s) _____

_____

Reason: _____

	Last Name First MI	Sex'	Birthdate		
			Mo	Day	Yr
Spouse					
Child					
Child					
Child					

Signature_____ Date_____