



TOWN OF ULYSSES
10 Elm Street, Trumansburg, NY 14886
ulysses.ny.us

Town Supervisor (607) 387-5767, Ext 232 supervisor@ulysses.ny.us
Town Clerk (607) 387-5767, Ext 221 clerk@ulysses.ny.us

INSURANCE POLICY CHANGE REQUEST FORM

TODAY'S DATE: _____

POLICY HOLDER NAME: _____

POLICY HOLDER BIRTH DATE: _____

POLICY (or POLICIES) & TYPE OF CHANGE(S):
(Please check)

____ Health

- Add policy
- Drop policy
- Add dependent
- Drop dependent

____ Dental

- Add policy
- Drop policy
- Add dependent
- Drop dependent

____ Medicare

- Add policy
- Drop policy
- Add dependent
- Drop dependent

NAME OF DEPENDENT THAT CHANGE IS NEEDED FOR: *(if applicable)*

DESIRED EFFECTIVE DATE OF CHANGE: _____

REASON FOR CHANGE:

- | | | |
|--|--|--|
| <input type="checkbox"/> Retirement | <input type="checkbox"/> Disability | <input type="checkbox"/> Left employment |
| <input type="checkbox"/> Death | <input type="checkbox"/> COBRA | <input type="checkbox"/> Medicare eligible |
| <input type="checkbox"/> New dependent | <input type="checkbox"/> Change in employment status | <input type="checkbox"/> Policy is too expensive |
| <input type="checkbox"/> Just wants to | <input type="checkbox"/> Change in marital status | <input type="checkbox"/> Coverage not adequate |
| <input type="checkbox"/> Dependent aging out | | <input type="checkbox"/> Other: _____ |

SIGNATURE: _____

FOR OFFICE USE:

Date of changes made by Bookkeeper: _____ Initials: _____

Date of changes made by Clerk: _____ Initials: _____