REQUEST FOR CHANGE OF ACCOUNT STATUS

Federal Employees Health Benefits (FEHB) Program

- **Use this form to request changes to your existing Self and Family enrollment account only.**
- **For all other requests for changes between Self Only, Self Plus One, and Self and Family enrollments, please contact your employing agency's or retirement system's human resource office for assistance.**

COMPLETE 1-9: SUBCRIBER INFORMATION (Health/Medical Record No. (HRN/MRN) and Social Security No. (SSN) required)

1) Select the appropriate action:
☐ Dependent change ☐ Name change ☐ Address change ☐ Phone number change ☐ Replacement ID card request

2) Name (Last, First Middle):	3) HRN/MRN:	4) SSN:

5) Address (Number, Street Name, City, State, Zip):

6) Home phone:	7) Business phone:	8) Cell phone:

COMPLETE 1-9: DEPENDENT INFORMATION (Supporting documentation [*] is required for processing most requests)

1) Select action or Qualifying Life Event and attach required supporting documentation:
- ☐ marriage [* marriage certificate]
- ☐ divorce [* divorce decree]
- ☐ newborn child [* birth certificate]
- ☐ adopted child [* adoption decree]
- ☐ foster child [* certification from federal agency/retirement system]
- ☐ name change
- ☐ ID card request
- ☐ disabled, age 26+ child [* certification from federal agency/retirement system]

2) Effective date of coverage or change:

3) HRN/MRN (if dependent is a former Kaiser Permanente member):

4) ACTION REQUIRED (Select one box)		5) TYPE (Select one box)			6) GENDER	7) NAME (Please print)	8) DATE OF BIRTH	9) SOCIAL SECURITY NUMBER
ADD	REMOVE	SPOUSE	SON	DAUGHTER	M / F	LAST, FIRST MIDDLE	MM-DD-YY	000-00-0000

COMPLETE 1-2 and SEND: FORM AND SUPPORTING DOCUMENTATION (documentation must be sent with the form)

1) Select the Kaiser Permanente plan (plan code/s) you are enrolled with:	2a) Mail to appropriate address for your plan:	2b) Or, Fax to:
☐ Colorado (65, N4) ☐ Georgia (F8) ☐ Hawaii (63) ☐ Northwest (57)	Kaiser Permanente, California Service Center - Federal Account P.O. Box 23758, San Diego, California 92123-3758	1-866-551-9593
☐ Mid-Atlantic States (E3, T7)	Kaiser Permanente, Employer Services Department - Federal Account, 2101 East Jefferson St., Rockville, MD 20852-4908	1-855-414-2799

SUBSCRIBER'S SIGNATURE: ____ DATE SIGNED: _____________