



CHANGE FORM

PLEASE PRINT OR TYPE

This form must be completed if there is (are) any change(s) in any item affecting your status. Failure to notify of any change(s) may affect your benefits. Send this form to: SBOANJ, 64 Business Route 33, Manalapan, NJ 07726

Last Name		First	M.I.	Change Name to:	
Social Security #			Sex	Date of Birth	
			<input type="checkbox"/> M <input type="checkbox"/> F		
Change Address to:			City, State, Zip		Phone #

Add or Remove Dependent(s)

Check Reason

☐ Marriage
 ☐ Birth of Child
 ☐ Divorce
 ☐ Death
 Other: _____

Add or Remove	Last Name	First	DOB	Sex	Relation to Member	Social Security #
				<input type="checkbox"/> M <input type="checkbox"/> F		
Add or Remove	Last Name	First	DOB	Sex	Relation to Member	Social Security #
				<input type="checkbox"/> M <input type="checkbox"/> F		

Update Coverage

☐ Requesting Termination
 ☐ Requesting Change in Coverage (selection below)

Group I: Groom

	Single	Two-Person	Family
70% - 30% Co-insurance (Dental Included)	<input type="checkbox"/> \$165.00	<input type="checkbox"/> \$297.00	<input type="checkbox"/> \$370.70

Group II: Second Trainer

	Single	Two-Person	Family
70%-30% Co-insurance (Dental Included)	<input type="checkbox"/> \$250.80	<input type="checkbox"/> \$466.40	<input type="checkbox"/> \$564.40

Group III: Driver/Trainer/Farm/Training Center

	Single	Two-Person	Family
Option A: 70%-30% Co-insurance (Dental Included)	<input type="checkbox"/> \$333.30	<input type="checkbox"/> \$616.00	<input type="checkbox"/> \$665.50
Option B: 80%-20% Co-insurance (Dental Included)	<input type="checkbox"/> \$416.90	<input type="checkbox"/> \$770.00	<input type="checkbox"/> \$946.00
Option C: 90%-10% Co-insurance (Dental Included)	<input type="checkbox"/> \$548.90	<input type="checkbox"/> \$946.00	<input type="checkbox"/> \$1,4248.50

Signature:

Date: