



# El Paso County Change Form

Member Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Social Security \_\_\_\_\_ Phone Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Updating Address \_\_\_\_\_ Updating Beneficiary \_\_\_\_\_

I wish to Terminate Coverage for my Dependents Dental \_\_\_\_\_ Vision \_\_\_\_\_

Reason for Termination Divorce \_\_\_\_\_ Other \_\_\_\_\_

Dep Turned 26 \_\_\_\_\_ Other Coverage \_\_\_\_\_

If Other is elected, please explain \_\_\_\_\_

Date of Dependent Status Change \_\_\_\_\_

	Name	Social Security	Date of Birth
Spouse	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____
Child	_____	_____	_____

### Beneficiary Election

I hereby revoke any previous beneficiary designation and update with the following:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form via fax to 210.824.8003 or via email to [cleat@spectrumadvisorygroup.net](mailto:cleat@spectrumadvisorygroup.net)

Questions?      Zan Terry, Ameritas      210.638.7964      [zan.terry@ameritas.com](mailto:zan.terry@ameritas.com)  
Alex Perez, Spectrum Advisory Group      210.824.8004      [cleat@spectrumadvisorygroup.net](mailto:cleat@spectrumadvisorygroup.net)