

## USNow Change Form

**Attention Employer/Participant:** *This form is required in order to process any changes to your employee's records. Please complete and fax this form to 214-291-8930 at least 10-days prior to the requested effective date.*

**REQUESTED EFFECTIVE MONTH OF CHANGE** \_\_\_\_ / 01 / \_\_\_\_.

NAME OF EMPLOYER: \_\_\_\_\_

MEMBER/PARTICIPANT NAME: \_\_\_\_\_,

MEMBER/PARTICIPANT SOCIAL SECURITY NUMBER: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

### **CHECK THE APPROPRIATE CHANGE REQUESTED**

- CANCELLATION (*must be submitted 10-days before the requested effective date*)  
*Cancellations of benefits that are set-up under Section 125 are not allowed unless approved by your former Employer.*
- TERMINATION Last Day Of Work Required: \_\_\_\_\_
- ADDITION – Child Newborn (birth certificate – within 1-30 days; 31+, include application)
- ADDITION – Child Adoption (adoption papers – within 1-30 days; 31+, include application)
- ADDITION – Spouse AND/OR Child(ren) (attach application)
- MAILING ADDRESS     NAME CHANGE
- ID CARD REQUEST     FULFILLMENT
- REQUEST FOR CRITERION SELECT BOOKLET

SPECIFY CHANGE Section: \_\_\_\_\_

\_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

Additional Remarks/Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Company Representative Signature                      OR                      Member/Participant Signature                      \_\_\_\_\_  
Date

### **MAIL or FAX to:**

USNow, 3701 W. Plano Pkwy. Suite #250 , Plano, TX 75075  
Phone: (800) 694-9888, (214) 634-9888/ Fax: (214) 291-8930