HEALTH ECONOMICS GROUP, INC.

# CENSUS DATA CHANGE FORM

(585) 241-9500 or (800) 666-6690 FAX: (585) 241 9518

| EMPLOYEE INFORMATION | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| EmployER Name: | | | | | | | | | | | |
| EmployEE Name: | | | | | | | | Effective Date of Change: | | | |
| Type of Plan (Circle all that apply): | | | Last 4 Digits of SSN: | | | | | MM | DD | YYYY | |
| Dental | FSA / HRA | Vision | | | | | | | | | |

| PERSONAL DATA CHANGE: ☐ Name Change ☐ Address Change ☐ Phone Change |
|---|
| Former Name: |
| Name Change: |
| Address: |
| City, State, ZIP Code: |
| Phone (include area code): |

| FAMILY STATUS CHANGE: ☐ Add Spouse ☐ Remove Spouse | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name | Date of Birth: | | | Social Security Number | | | | | | | | |
| | MM | DD | YYYY | | | | | | | | | |

| FAMILY STATUS CHANGE: ☐ Add Dependent(s) ☐ Remove Dependent(s) | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Name | Date of Birth: | | | Social Security Number | | | | | | | | |
| | MM | DD | YYYY | | | | | | | | | |
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| Employee Signature: | Date: |
|---|---|
| | |

| TERMINATION OF EMPLOYMENT | | | |
|---|---|---|---|
| Termination Date: | | | Reason (Check one): |
| MM | DD | YYYY | ☐ Termed ☐ Retired ☐ Deceased |
| | | | |

| Employer Signature: | Date: |
|---|---|
| | |

| COMMENTS |
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