



MotivHealth Insurance Company
 PO Box 709718
 Sandy, UT 84070-9718
 Customer Service: 844-234-4472

Member Change Form

Policyholders Name:					Date of Birth:	
Company Name:					Desired Effective Date:	
Policyholder Information Change:						
Name Change From:		Name Change To:		Marital Status Change:		
				<input type="checkbox"/> Legally Married <input type="checkbox"/> Divorce <input type="checkbox"/> Death		
New Address:			City:	State:	Zip:	
Employee Termination/Discontinuation of Medical Benefits						
Date of Change (last day worked, lost eligibility, retired, etc.)			Reason			
Adding or Terminating Dependent(s):						
Type of Change Requested:		<input type="checkbox"/> Birth <input type="checkbox"/> Adoption <input type="checkbox"/> Foster Care <input type="checkbox"/> Marriage <input type="checkbox"/> Divorce		<input type="checkbox"/> Loss of Other Coverage <input type="checkbox"/> Obtained Other Coverage <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Court Order		
<input type="checkbox"/> Addition of Dependent(s) <input type="checkbox"/> Termination of Dependent(s)						
Dependent Eligibility Changes:						
<input type="checkbox"/> Dependent No Longer Eligible		<input type="checkbox"/> Marriage <input type="checkbox"/> Coverage Through Another Parent <input type="checkbox"/> Aging Out (Dependent turned 26)		<input type="checkbox"/> Government Coverage <input type="checkbox"/> Individual Coverage		
Applicable Dependent Information:						
Dependent Type	Option	Full Name	Sex	Social	DOB	Address (If Different from Subscriber)
Spouse	<input type="checkbox"/> Add					
	<input type="checkbox"/> Delete					
Dependent Children	<input type="checkbox"/> Add					
	<input type="checkbox"/> Delete					
	<input type="checkbox"/> Add					
	<input type="checkbox"/> Delete					
	<input type="checkbox"/> Add					
	<input type="checkbox"/> Delete					
Employee Signature:				Date:		
Employer Information:						
Employer Signature:				Date:		
Company Name:						
Comments:						

When complete, please mail your member change form to MotivHealth Insurance Company, PO Box 709718 Sandy, UT 84070- 9718