

**Health Economics Group, Inc.**  
**Flexible Benefits Program Change Form**  
**(585) 241-9500 or (800) 666-6690**  
**FAX: (585) 241-9518**

\_\_\_\_\_  
Employer

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Effective Date of Change

\_\_\_\_\_  
Employee Name (Print or Type)

\_\_\_\_\_  
Employee Social Security Number

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### Personal Data Change

- Name Change: \_\_\_\_\_  
(Former Name): \_\_\_\_\_
- Address: \_\_\_\_\_  
City, State, ZIP Code: \_\_\_\_\_
- Home Phone (include area code): (    ) \_\_\_\_\_

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### Family Status Change

- Add a Spouse:  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_
- Add a Dependent:  
Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_
- Other (Describe): \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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### Termination

- Termination Date: \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR HEALTH ECONOMICS GROUP USE ONLY**

Pay Period and Date Processed

Processor's Initials

Effective Date