



DENTAL FAX NUMBER: 904-376-8156 VISIONCARE FAX NUMBER: 904-376-8156

Email to: cbbemaintenanceteam@humana.com

_____ **CHANGE OF STATUS CARD** _____

MEMBER NUMBER	LAST NAME	FIRST	MI	EFFECTIVE DATE OF CHANGE
GROUP NAME			GROUP #	
DENTAL COVERAGE			VISION COVERAGE	

CHANGE INFORMATION			
<input type="checkbox"/> Terminate – Please State Reason:			
<input type="checkbox"/> Change Name To:			
<input type="checkbox"/> Address:			

Add _____

Delete Dependent(s)

Reason: _____

	Last Name	First	MI	Sex	Birthdate		
					Mo	Day	Yr
Spouse							
Child							
Child							
Child							

Signature _____ Date _____