



## Employee Change Form

Employee Name (Last, First)	Agency

### Name, Social Security Number (SSN) or Date of Birth (DOB) Change

Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;">Current Name, SSN or DOB:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">New Name, SSN or DOB</td> <td style="padding: 5px;"></td> </tr> </table>	Current Name, SSN or DOB:		New Name, SSN or DOB	
Current Name, SSN or DOB:				
New Name, SSN or DOB				

### Address Change

Current Address: (Street, City, State, Zip)	
New Address: (Street, City, State, Zip)	

*III-A will allow you to terminate the employee/retiree or qualified dependent(s) retroactively up to two months from the time the request for termination is received by the III-A. However, if any claims have been incurred during the time of retroactive termination, the employee, retiree or dependent will be responsible for any amounts paid.*

### Benefit Coverage Changes

Add <input type="checkbox"/> Delete <input type="checkbox"/>	Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
Name: (Last, First)		
SSN:		Date of Birth:
Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/>	Reason for Change: (marriage, birth, open enrollment etc.)	
Date of Qualifying Event:		
Add <input type="checkbox"/> Delete <input type="checkbox"/>	Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
Name: (Last, First)		
SSN:		Date of Birth:
Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/>	Reason for Change: (marriage, birth, open enrollment etc.)	
Date of Qualifying Event:		

Prepared by:	Date:
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*If you have questions, call III-A Benefits Manager, at 208-938-8199 or email [claims@iii-a.org](mailto:claims@iii-a.org). To submit form, fax to 208-575-6423 or request a secure email form the Benefits Manager.*



Add <input type="checkbox"/> Delete <input type="checkbox"/>		Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
Name: (Last, First)			
SSN:		Date of Birth:	
Medical <input type="checkbox"/>	Reason for Change: (marriage, birth, open enrollment etc.)		
Dental <input type="checkbox"/>			
Vision <input type="checkbox"/>	Date of Qualifying Event:		

Add <input type="checkbox"/> Delete <input type="checkbox"/>		Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
Name: (Last, First)			
SSN:		Date of Birth:	
Medical <input type="checkbox"/>	Reason for Change: (marriage, birth, open enrollment etc.)		
Dental <input type="checkbox"/>			
Vision <input type="checkbox"/>	Date of Qualifying Event:		

Add <input type="checkbox"/> Delete <input type="checkbox"/>		Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
Name: (Last, First)			
SSN:		Date of Birth:	
Medical <input type="checkbox"/>	Reason for Change: (marriage, birth, open enrollment etc.)		
Dental <input type="checkbox"/>			
Vision <input type="checkbox"/>	Date of Qualifying Event:		

Add <input type="checkbox"/> Delete <input type="checkbox"/>		Employee <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
Name: (Last, First)			
SSN:		Date of Birth:	
Medical <input type="checkbox"/>	Reason for Change: (marriage, birth, open enrollment etc.)		
Dental <input type="checkbox"/>			
Vision <input type="checkbox"/>	Date of Qualifying Event:		