



# WELLFLEET WORKPLACE

## EMPLOYEE CHANGE REQUEST FORM

### Submitting your form

Submit your form the way you like. Mail, email or fax it to:

Wellfleet Insurance Company

P.O. Box 15769

Springfield, MA 01115

Fax: 413-452-5486

Email: [customercare@wellfleetinsurance.com](mailto:customercare@wellfleetinsurance.com)

### Helpful reminders

- Please complete all sections of this form by typing on a computer or printing and filling in with ballpoint pen.
- Note that the form must be completed in full, dated and properly signed.

### Questions?

If you have any questions, please contact our **Customer Care Team** at:

- [Customercare@wellfleetinsurance.com](mailto:Customercare@wellfleetinsurance.com)
- 1-855-664-5838, 8:30 a.m. - 5:00 p.m. EST

## CERTIFICATE HOLDER/CLAIMANT INFORMATION

Certificate number(s): \_\_\_\_\_

Certificate holder: First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

### ADD SPOUSE

Spouse first name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Event causing eligibility: \_\_\_\_\_ Date of event: \_\_\_\_\_

### ADD CHILDREN

Child first name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Relationship\* (natural, stepchild, etc.): \_\_\_\_\_ Fulltime student:  Yes  No

Event causing eligibility: \_\_\_\_\_ Date of event: \_\_\_\_\_

\*Please provide copies of court orders or legal document(s) creating this relationship.



## CHANGE IN MARITAL STATUS

From:  Single  Married  Divorced  Widowed

To:  Single  Married  Divorced  Widowed

Date of event: \_\_\_\_\_

## NAME CHANGE

Name change for:  Employee  Dependent  Other, please describe: \_\_\_\_\_

Former name (First, middle, last): \_\_\_\_\_

Change name to (First, middle, last): \_\_\_\_\_

## CHANGE OF ADDRESS OR CONTACT INFORMATION

New address: \_\_\_\_\_

(Street)

(City, State, Zip)

New email address: \_\_\_\_\_ New phone #: \_\_\_\_\_

## POLICY CHANGES, REDUCTIONS OR REMOVALS

Delete the member noted below from coverage.

Name (First, middle, last): \_\_\_\_\_

Reason: \_\_\_\_\_

## CHANGE OF BENEFICIARY

This beneficiary designation cancels and supersedes all previous revocable ones. I request the following change(s) be made under the policy and certificate noted above. Change to:

\_\_\_\_\_  
Primary: (Name(s), date(s) of birth, relationship\* and % to be paid)

\_\_\_\_\_  
Primary: (Name(s), date(s) of birth, relationship\* and % to be paid)

\_\_\_\_\_  
Contingent: (Name(s), date(s) of birth, relationship\* and % to be paid)

\_\_\_\_\_  
Contingent: (Name(s), date(s) of birth, relationship\* and % to be paid)

\*If a trust is named as the beneficiary, the trustee's name and address must be provided in the "Change of beneficiary" section above. If the trustee changes, Wellfleet Insurance must be informed and provided with the updated information.



## CERTIFICATION

I certify that I have read or have had read to me the completed "Employee Change Request Form" and that all information is true and complete to the best of my knowledge. If adding spouse or dependent coverage, I certify that my dependent is eligible for coverage and authorize any applicable contribution for the selected coverage be deducted from my earnings.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## FRAUD NOTICES

For residents of all states, other than those listed below. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete or misleading information may be prosecuted under state law.

**Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California.** For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Delaware Idaho, Indiana & Oklahoma:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Kentucky.** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and



shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oregon:** Any person who knowingly and with intent to defraud any insurance company or other person: (1) files an application for insurance or statement of claim containing any materially false information; or, (2) conceals for the purpose of misleading, information concerning any material fact, may have committed a fraudulent insurance act.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Puerto Rico:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances are present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**Tennessee, Virginia & Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.