

**MAIL COMPLETED FORM TO:**  
**Crescent Dental**  
**1285 Fern Ridge Parkway, Ste. 200**  
**St. Louis, MO 63141**  
 Or fax to: 716-541-6672  
 E-mail to: forms.direct@meritain.com



**CHANGE REQUEST FORM**

A. Name of Group \_\_\_\_\_ Group No. \_\_\_\_\_

Employee Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

B. Add Spouse/Dependent Change(s)  Dental  Vision  
 Date of Change: \_\_\_\_\_ Reason for change: \_\_\_\_\_ Date of Marriage if applicable \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address/Name Change(s) is/are for:  Employee  Dependent

Effective Date: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

New Name: \_\_\_\_\_

New Address: \_\_\_\_\_

New City/State/Zip: \_\_\_\_\_

New Phone #: \_\_\_\_\_

C. Notification of Termination  Dental  Vision

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last day worked: \_\_\_\_\_ Date Coverage Ends: \_\_\_\_\_

Reason for Termination of Coverage PLEASE CHECK ONLY ONE

- Voluntary Drop (still employed)
- Termination of Employment
- Legal Separation
- Death
- Reduction in Hours
- No Longer an Eligible Dependent
- Divorce
- Employee covered by Medicare
- Gross Misconduct
- Retirement
- End of FMLA

D. Change of Division : FROM Division: \_\_\_\_\_ TO Division: \_\_\_\_\_ Effective Date: \_\_\_\_\_

E. Reinstatement of Coverage  Dental  Vision

Effective date of Reinstatement: \_\_\_\_\_ Reason for Reinstatement: \_\_\_\_\_

A CURRENT ENROLLMENT CARD MUST ACCOMPANY ALL REINSTATEMENTS

EMPLOYEE (SIGN AND DATE HERE)	SIGNATURE (IN INK)	DATE
EMPLOYER (SIGN AND DATE HERE)	SIGNATURE (IN INK)	DATE
MERITAIN HEALTH REPRESENTATIVE	SIGNATURE (IN INK)	DATE

COMMENTS / INSTRUCTIONS