

Address / Name Change Form

Instructions for Completing This Form:

This form is used to update your records in the Beneliance system, please provide all requested information.

A. Old Contact Information			
Last Name	First Name	Middle In	itial
Address	City	State Zip	
Home Phone ()	Work Phone ()		
E mail Address			
B. New Contact Information	☐ Check here if new name		
Last Name	First Name	Middle In	itial
Address	City	State Zip	
Home Phone ()	Work Phone ()		
E mail Address			
C. Dependent Information	☐ Check here if new dependent		
Last Name	First Name	Middle Initial	
Address	City	State Zip _	
Home Phone ()	Work Phone ()		
E mail Address			
	☐ Check here if new dependent		
Last Name	First Name	Middle I	Initial
Address	City	State Zip _	
Home Phone ()	Work Phone ()	-	
E mail Address		-	
Authorized Signature			_/

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