



Change Form

Attention Employer/Participant: This form is required in order to process any changes to your employee's records. Please complete and email this form to **Account Executive** accountexecutive@panamericanlife.com at least 10-days prior to the requested effective date.

REQUESTED EFFECTIVE MONTH OF CHANGE ____ /01/ ____.

NAME OF EMPLOYER: _____

MEMBER/PARTICIPANT NAME: _____

MEMBER/PARTICIPANT SOCIAL SECURITY NUMBER: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: (____) _____

CHECK THE APPROPRIATE CHANGE REQUESTED

- ADDITION – Child Newborn (birth certificate – within 1-30 days; 31+, include application)
- ADDITION – Child Adoption (adoption papers – within 1-30 days; 31+, include application)
- ADDITION – Spouse AND/OR Child(ren) (attach application)
- MAILING ADDRESS NAME CHANGE
- ID CARD REQUEST FULFILLMENT
- REQUEST FOR DISCOUNT Rx BOOKLET

SPECIFY CHANGE: _____

NEW ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ PHONE: (____) _____

Additional Remarks/Comments _____

Company Representative Signature OR Member/Participant Signature Date