



Utah Local Governments Trust

55 South Hwy 89
North Salt Lake, UT 84054
(801) 936-6400 / Fax (801) 936-1079

Change Form

Please check all that apply

Personal Information:

Name: _____ SS#: _____ Date of Birth: _____

Employer Name: _____ HR's Name: _____

Employee's Phone: _____ Employer phone: _____

Reason for application: *(All documentation MUST accompany this form, Death Certificate, Marriage Certificate, Divorce Decree, Adoption papers, Military documents and Certificates of coverage.)*

Termination of employee's employment *(Date effective):* _____

Divorce Date: *(please attached copy of divorce decree):* _____

Change of address:
Old Address: _____

New Address: _____

Additions (or) Deletions to coverage: *(Attach forms)*

Spouse: *(Date/Reason):* _____

Child *(Date/Reason):* _____

Change of Beneficiary: *(Attach form)*

Coverages to be effected by the above changes:

Life Insurance AD&D LTC Vision Dental Accidental Dental

Employee Signature: _____ Date: _____

Effective Date of change: _____ HR _____ Date _____