

Use this form to report a name change or to add a new dependent who is not currently enrolled in your retiree health benefit coverage. If you are **only changing your address**, complete the Address Change Form available at www.kerncountyhealthbenefits.com. When adding a dependent, you must also complete the required enrollment form for each type of coverage being requested.

Effective Date: 01/01/2027

TYPE OF CHANGE (check all that apply)

☐ Name Change

☐ Address Change

☐ Dependent Change

MEMBER INFORMATION

LAST NAME

FIRST NAME

M.I.

SOCIAL SECURITY NUMBER

FORMAL LEGAL NAME (NAME CHANGE ONLY)

☐ Government-Issued ID Attached*
*required if submitting a name change

STREET ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

DEPENDENT CHANGE

(List each person being added or removed on a separate row.)

	FULL LEGAL NAME	SSN (Required)	DOB	GENDER	TYPE OF CHANGE
Spouse				☐ M ☐ F	☐ Add ☐ Remove
Child				☐ M ☐ F	☐ Add ☐ Remove
Child				☐ M ☐ F	☐ Add ☐ Remove
Child				☐ M ☐ F	☐ Add ☐ Remove

To avoid delay or rejection of your request please attach the required documentation: **add/remove spouse**—marriage cert or final divorce decree, **add child**—birth cert and other supporting documentation (if applicable), **permitting event**—supporting documentation as required, **enrollment form/disenrollment form**—to add or remove coverage.

☐ Required Documentation Attached

RETIREE'S SIGNATURE

DATE

RETURN COMPLETED FORMS BY FRIDAY, NOVEMBER 6, 2026, TO:

Kern County Health & Wellness
1115 Truxtun Ave, 1st Floor, Bakersfield CA 93301