

RETIREE CHANGE FORM

Clear Form

PLEASE PRINT

EFFECTIVE DATE: _____

MEMBER LAST NAME	☐ NAME CHANGE	FIRST	M.I.	SOCIAL SECURITY NUMBER	
PLEASE ENTER FORMER LAST NAME			FORMER FIRST NAME		
STREET ADDRESS	☐ ADDRESS CHANGE	CITY	STATE	ZIP CODE	

DEPENDENT CHANGE (ADD OR REMOVE)

- ☐ **ADD SPOUSE** – COPY OF MARRIAGE CERTIFICATE MUST ACCOMPANY THIS CHANGE FORM. *
- ☐ **ADD CHILD/REN** – COPY OF BIRTH CERTIFICATE MUST ACCOMPANY THIS CHANGE FORM AND SUPPORTING DOCUMENTATION, IF APPLICABLE. *
- ☐ **REMOVE SPOUSE OR CHILD/REN** – IF REMOVING SPOUSE DUE TO A DIVORCE, PROVIDE FINAL DIVORCE DATE: _____

*A SOCIAL SECURITY NUMBER MUST BE FURNISHED FOR ALL DEPENDENTS BEING ENROLLED.

PLEASE COMPLETE THE INFORMATION BELOW FOR THE DEPENDENT YOU ARE ADDING OR REMOVING:

LAST NAME	FIRST NAME	M.I.	GENDER (M / F)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	PRIMARY CARE PHYSICIAN
SPOUSE						
CHILD						
CHILD						
CHILD						

Retiree's Signature _____ Date Signed _____

Return completed form to:
Kern County Health & Wellness - 1115 Truxtun Avenue, 1st floor, Bakersfield, California 93301