

# INDIVIDUAL & FAMILY PLAN CHANGE FORM

Willamette Dental Insurance, Inc. | 6950 NE Campus Way, Hillsboro, OR 97124

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**Willamette**  
Dental Group

Please print your answers clearly in ink and sign form at the bottom so we can process your changes quickly. Thank you.

## 1. My information is...

Self (Last, First, Middle Initial)	Date of Birth

## 2. I would like to change...

### Name Change

From (Last Name, First Name)	To (Last Name, First Name)

### Address Change

New Address	City	State	Zip Code	Tel Number

### Delete / Add Dependents Below Requested Effective Date:

<input type="checkbox"/> Add	<input type="checkbox"/> Delete	Name (Last, First, Middle Initial)	Gender
		Relation	Date of Birth
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	Name (Last, First, Middle Initial)	Gender
		Relation	Date of Birth
<input type="checkbox"/> Add	<input type="checkbox"/> Delete	Name (Last, First, Middle Initial)	Gender
		Relation	Date of Birth

**Date of Qualifying Event (marriage, divorce, birth, adoption, death, loss/gain of other coverage):**

Comments:

### Cancel Entire Policy (Subscriber / Family)

Requested Effective Date:

Former enrollees must wait 12 months to enroll in any individual or family plan through Willamette Dental.

## 3. Signature Authorization

Subscriber's Signature	Date Signed