REVOLUTION SERIES

Coverage and Enrollment Change Form

I. General Information

Employer Name: Catie Food Systems, Inc./Shirley May Restaurant Group, Inc.

Group Number: 06024-0001

Employer Phone Number: 434-688-4524

Employee Name: _____

Social Security Number: _____

Date of Birth: _____

II. Coverage Change

A. Type of Change (Choose One)

- ❑ Terminate Coverage
- ❑ Drop Dependent
- ❑ Add Dependent
- ❑ Plan Change From: _____ to _____

Reason for Termination: _____

B. Qualifying Event (Choose One)

- ❑ Marriage
- ❑ Loss of Coverage
- ❑ Newborn
- ❑ Renewal
- ❑ Adoption
- ■ Other (State Below)

OPEN ENROLLMENT

C. Qualifying Date: 1/1/2023

D. Requested Effective Date: 1/1/2023

E. Please Provide:

Name: Last, First MI	Social Security No.	Birth Date	Sex (M/F)	F/T Student (Y/N)	Disabled (Y/N)
Spouse					
Child					
Child					
Child					

III. Miscellaneous Changes

Name Change *from*: _____ to _____

Address Change *from*: _____ to _____

_____ _____

Telephone Change *from*: _____ to _____

Medicare: ❑ Add ❑ Drop Medicare ID# _____

Part A: ___/___/___ Part B: ___/___/___

IV. Signatures

Employee Signature X _____ Date: _____

Employer Signature X _____ Date: _____