

SDSU Research Foundation Mid-Year Life Event Benefit Change Worksheet

Name:	Red ID:
Reason for Change:	Date of Event:
Email:	Phone:

Medical <input type="checkbox"/> Add or <input type="checkbox"/> Delete	
Name:	
Relationship:	
Date of Birth:	SS#:
Dependent Proof Documentation Submitted: <input type="radio"/> Yes <input type="radio"/> No Already on File: <input type="radio"/> Yes <input type="radio"/> No	
Aetna HMO	PCP Name: PCP Code (6-digits):
Aetna PPO	
Kaiser HMO	

Dental <input type="checkbox"/> Add or <input type="checkbox"/> Delete	
Name:	
Relationship:	
Date of Birth:	SS#:
Dependent Proof Documentation Submitted: <input type="radio"/> Yes <input type="radio"/> No Already on File: <input type="radio"/> Yes <input type="radio"/> No	
Aetna DMO	Dentist Name: Dentist Code (6-digits):
Aetna PPO	

FSA <input type="checkbox"/> New or <input type="checkbox"/> Change Current	
Medical	Dependent Care
Current Annual Goal:	Current Annual Goal:
New/Revised Annual Goal:	New/Revised Annual Goal:

Supplemental Life Insurance New or Change Current
Voluntary AD&D New or Change Current

Beneficiary Changes
Life Insurance - Request, complete and submit Beneficiary Change Form to HR <input type="radio"/> Yes <input type="radio"/> No
Retirement - Please go to www.tiaa.org and log in. Select the "My Portfolio" tab, and then click on "Beneficiaries".

Employee Signature:	Date:
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For HR Use Only:	Received by:	Date:
	Aflac@Work Completion:	Date:
	SDSURF Banner Acknowledgement:	Date: