

GROUP UNIVERSAL LIFE (GUL) PROGRAM CHANGE OF NAME / ADDRESS / WORK LOCATION

Group Name _____ GUL # _____ Term# _____

Work Location (City, State, Zip) _____

Employee Social Security # _____ Daytime/Work Phone # () _____

Last Name _____ First _____ M.I. _ Date of Birth _____

Street Address _____ Apt.# _____

City _____ State _____ Zip Code _____

Please check box if the information above represents a change of address.

Change of Name

Former Name _____

Reason for Change (marriage, etc.) _____

Change of Address (please provide your new address in the area at the top of this form)

Previous Address _____

Change of Work Location

New Location (City, State, Zip) _____

Previous Location (City, State, Zip) _____

Signature of Owner _____ Date _____
(Required)

Please send this completed form to: Clackamas County Benefits Division
2051 Kaen Rd Ste 310
Oregon City OR 97045

If you have any questions, please contact one of our Customer Service Representatives toll-free at:

1-800-523-2894