

SERVICE FORM

Benefit Planning Services, Inc.
18 Corporate Woods Blvd. 4th Fl.
Loudonville, NY 12211
518-449-9762
www.benefitplanningservice.com

CARRIER NAME: _____
CONTRACT/ACCOUNT NUMBER: _____

PARTICIPANT INFORMATION

NAME (Last, First, Middle Initial): _____
SOCIAL SECURITY NUMBER: _____
EMPLOYER: _____
E-MAIL ADDRESS: _____

ADDRESS CHANGE

STREET: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE NUMBER: day: _____ evening: _____

NAME CHANGE

(LEGAL DOCUMENTATION IS **REQUIRED** WHEN REQUESTING CHANGE OF NAME)

CHANGE NAME FROM: (Last, First, Middle) _____

CHANGE NAME TO: (Last, First, Middle) _____

REASON FOR CHANGE: (circle one)

MARRIAGE

DIVORCE

LEGAL CHANGE

OTHER _____

PARTICIPANT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

(Witness must be over the age of 18)

****Upon completion please return form to the address at the top of the page****