



CHANGE NOTIFICATION FORM

Certain events may occur that effect your membership status or the way we process your claims. When a change occurs, please complete the information below and return this form to your human resources department. Our intent is to gather information with this form. It may be necessary to contact you to complete the appropriate paperwork to update your records.

If you have questions concerning this form, please call WEBT at 1-307-634-5566.

Please Print Clearly

ID Number:

Effective Date of Change:

NAME CHANGE:

New Last Name

First Name

MI

Previous Last Name

First Name

MI

ADDRESS CHANGE:

Address

Apt/Space/Suite#

City

State

Zip

Telephone Number

For Verification Purposes, please provide your Date of Birth: _____

Signature

Date

Return to your human resources department.