



Form # 6a
Revised 7/2012
1400 West Third, Little Rock, AR 72201
Phone (501) 682-1517 or (800) 666-2877
Fax (501) 682-2359
Website - <http://www.artrs.gov>

Change of Address Form

(Please Print)

Member's Name _____

Social Security Number _____

Employer _____

Telephone Number (_____) _____ Alternate Number (_____) _____

E-mail Address (optional) _____

Old Mailing Address _____

City _____ State _____ Zip _____

New Mailing Address _____

City _____ State _____ Zip _____

County _____

Member's Signature _____ Date _____

POLICY HOLDER INFORMATION (PLEASE PRINT):

NAME _____ SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

ADDRESS (CITY, STATE, ZIP) _____ TELEPHONE NUMBER _____

ACTION REQUESTED:

<input type="checkbox"/> CANCEL COVERAGE	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> ADD/DROP DEPENDENTS
IF NAME CHANGE, WHAT IS IT CHANGING TO:		DATE FOR THIS QUALIFYING EVENT:	
REASON FOR THIS ACTION (CHECK BELOW)			
<input type="checkbox"/> LEGAL GUARDIANSHIP		<input type="checkbox"/> MARRIAGE	
<input type="checkbox"/> NEWBORN/ADOPTION		<input type="checkbox"/> DIVORCE	
<input type="checkbox"/> DEATH		<input type="checkbox"/> OTHER	
BENEFIT AFFECTED (CHECK BELOW)			
<input type="checkbox"/> DENTAL	<input type="checkbox"/> VISION	<input type="checkbox"/> VOLUNTARY LIFE	

ADD/DROP DEPENDENT INFORMATION:

ADD	DROP	CHANGE	PRODUCT			FULL NAME	DATE OF BIRTH (MM/DD/YY)	GENDER (M/F)	RELATIONSHIP (CHILD OR SPOUSE)
			DENTAL	VISION	VOL. LIFE				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

CHANGES ONLY:

ACCOUNT TYPE	MONTHLY DEDUCTION AMOUNT	CHANGE AMOUNT TO	TERMINATE?	
FLEXIBLE SPENDING	\$ _____	\$ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DEPENDENT CARE	\$ _____	\$ _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO

SIGNATURE _____ DATE _____