

Section I: Personal Information (Print or Type)

_____ Name of Insured Faculty/Staff Member: Last	_____ First	_____ Initial
_____ Change of Name to: Last	_____ First	_____ Initial
_____ Birthdate	_____ OSU Employee ID Number (Required)	
_____ E-mail Address	_____ Daytime Phone Number	

Section II: Authorization

I hereby state that the above is accurate and I reserve the right to make further changes at any time, subject to the provisions of the Group Policy.

_____ Signature of Faculty/Staff Member	_____ Date
--	---------------

Anthem Life Insurance Company, Group Account No. 62-CL28300000 with The Ohio State University.

For additional information contact the Office of Human Resources Customer Service Center at service@hr.osu.edu, (614) 292-1050, 1-800-678-6010, or hr.osu.edu.

Return completed form to: The Ohio State University, Office of Human Resources, Benefits Processing/Life, Suite 300, 1590 North High Street, Columbus, OH 43201-2190.

Keep a copy of the completed form for your records.