SOUND HEALTH & WELLNESS TRUST

Name Change Form

Request for name change

11724 NE 195th St. Suite 300 ◆ Bothell, WA 98011-3145
(800) 225-7620 ◆ (206) 282-4500
www.soundhealthwellness.com

INSTRUCTIONS	Please read and complete all information on this form

This Name Change Form must be completed in order to change your name and/or name of your dependent(s). You and your spouse (if applicable), must sign this form before it can be accepted and processed. Be sure to complete ALL of the information requested and return this form with a legal name change document for each individual. Name(s) will NOT be changed until required documentation is received.

Required Documents to Compete Name Change:

Please provide one of the following - Drivers License, State ID, SSN Card, Certified Legal Court Document, Marriage Certificate, Divorce Decree, etc...

*Legal Court Documents must include the page that indicates it has been court approved and the pages signed by the judge. You must submit a copy of the final, filed court document (not the preliminary document). Please submit a copy (not the original).

Section 1 PARTICIPANT / EMPLOYEE INFORMATION

Last Name	First Name	Mid Initial	Gender	**Social Security # (required)**
				__ __ __ - __ __ - __ __ __ __

Participant Mailing Address (Street or PO Box)	City	State	Zip Code

Date of Birth	Current Marital Status	Date of Marriage / Divorce
	☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ SSDP*	

Home Telephone Number	Cell Phone Number	E-mail Address

Employer Name	Hire Date

Section 2 DEPENDENT NAME CHANGE

Please list all dependents that you wish to make name changes for. A legal document is required in all cases.

*This form is for Name Changes only. The next opportunity to make enrollment changes will be during the next open enrollment period (unless you have a change in family status as defined by the plan).

LAST NAME	FIRST NAME	MI	RELATIONSHIP	GENDER	DATE OF BIRTH	SOCIAL SECURITY # (required)
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						__ __ __ - __ __ - __ __ __ __
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Section 3 PARTICIPANT SIGNATURE Required (PLEASE READ AND SIGN BELOW)

FRAUD NOTICE: I understand that I may be subject to civil and/or criminal penalties for committing a fraudulent insurance act if I knowingly provide any materially false information to, or conceal any material facts from, the Trust with the intent to defraud or mislead the Trust.

I declare under penalty of perjury that the information provided herein is true and correct to the best of my knowledge, and I agree to the provisions stated above on this form, which I/we have fully read and understand.

X	***Participant's Signature***	**Date:**

If you have a Spouse making a name change, the section below must be signed.

FRAUD NOTICE: I understand that I may be subject to civil and/or criminal penalties for committing a fraudulent insurance act if I knowingly provide any materially false information to, or conceal any material facts from, the Trust with the intent to defraud or mislead the Trust.

I declare under penalty of perjury that the information provided herein is true and correct to the best of my knowledge, and I agree to the provisions stated above on this form, which I/we have fully read and understand.

X	***Spouse's Signature:***	**Date:**

This form will not be accepted if it is not signed.