

Telephone 615-255-3175

CHANGE FORM TVA RETIREES Group # 1500

OCIAL SECURITY NUMBER	FIRST NAME	MI	LAST NAME

Check the appropriate box.

1.	Name	Change
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FROM: ______ TO: _____

2. Address Change

TO:

3. Add/Drop Dependen

		SE	X	BIRTH	EFFECTIVE
CHECK ONE: Drop Add	FIRST NAME & M.I. (LAST NAME IF DIFFERENT)	М	F	DATE	DATE
	SPOUSE:				
	CHILD:				
	CHILD:				

In the event of a life status change, such as marriage, please attach Marriage Certificate. Date of marriage must be after the initial effective date of 6/1/02.

4. Surviving Spouse

SURVIVING SPOUSE'S	DECEASED SPOUSE'S SOCIAL	DATE
SOCIAL SECURITY NUMBER	SECURITY NUMBER	DECEASED
		MM DD YY

5. Termination of Coverage

EFFECTIVE DATE:

All terminations must be received by the 12th of the month to be effective the first of the following month.

Signature: _____ Date: _____