



Office of Retirement Services

P.O. Box 30171 | (800) 381-5111 (Lansing area 322-5103)
Lansing MI 48909-7671 | www.michigan.gov/ors

ORS Insurance Change Request

Please mark which insurance plan(s) you wish to change, and your retirement system plan.

- Health, Dental, Vision, Public School Employees, State Employees, State Police, Judges

OFFICE USE ONLY
RETIREE EFFECTIVE DATE
H
V
D

Social Security Number, Subscriber's Last Name, First Name, Initial, Telephone Number, Subscriber's Current Address, City, State, Zip Code

I. Add Members to Contract (Additions)
Reason for Addition: Last Name, First Name, Initial, Social Security Number, Medicare Claim Number, Effective Dates on Card, Hospital Ins., Medical Ins., Birth Date

II. Remove Members from Contract (Deletions)
Reason for Deletion: Last Name, First Name, Initial, Social Security Number, Relationship, Date Occurred

III. Change Name To
Last Name, First Name, Initial

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO MY KNOWLEDGE AND BELIEF:
Subscriber's Signature, Date