



## MAXORPLUS Change/Term Form

Plan Name: **Wichita Independent Business Association**

Member Name:	_____	_____	_____	_____	<b>New</b>	<b>Delete</b>
	First	M.I.	Last		<input type="checkbox"/>	<input type="checkbox"/>
Social Sec. #:	_____	Subscriber Code:	01		<input type="checkbox"/> M	<input type="checkbox"/> F
Group #:	_____	Birthdate:	_____			
Address:	_____					
	Street or P.O. Box	City	State	Zip		

### Dependents' Information

<b>SPOUSE</b>	<input type="checkbox"/> Add	<input type="checkbox"/> Delete			
Name:	_____	_____	_____	Sex	
Subscriber Code:	02	Birthdate:	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
Name:	_____	_____	_____	Sex	
Subscriber Code:	03	Birthdate:	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
Name:	_____	_____	_____	Sex	
Subscriber Code:	04	Birthdate:	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
Name:	_____	_____	_____	Sex	
Subscriber Code:	05	Birthdate:	_____	<input type="checkbox"/> M	<input type="checkbox"/> F
Name:	_____	_____	_____	Sex	
Subscriber Code:	06	Birthdate:	_____	<input type="checkbox"/> M	<input type="checkbox"/> F

Please Fax to MAXORPLUS: (806) 324-5493

Wichita Independent Business Association

Effective date of change: \_\_\_\_\_ Date and Time Faxed: \_\_\_\_\_