



Phone: (501) 682-9656 Toll Free: (877) 815-1017 Fax: (501) 682-1168 www.transform.ar.gov

**EBD Request to Remove/Change IT168-Life and IT377 -
Miscellaneous Plans**

To: Employee Benefits Division

Date: _____

From: _____

Agy Name: _____

Agy #: _____

Phone: _____

Fax: _____

Employee Name: _____

Pers#: _____

SSN #: _____

Request to remove/change record due to:

Record to be removed/changed:

_____ inaccurate entry

_____ IT168 Life

_____ not eligible- did not work 30 full days

_____ IT377 Misc. Plans

_____ Rehire – no break in coverage

_____ Other _____

Notes _____

EBD Office Use Only

Date Received: _____

Date Completed: _____

Notes: _____

Signature of Benefits Specialist _____