

**California Disability Insurance Coverage**

**Change request form**

**Name** (print):

**Instructions**

Complete this form indicating to which plan you want to change and return it to Payroll Operations
in one of the following ways:

* **Email:** payroll@chevron.com
* **Fax:** 925-842-3442
* **Mail:**

U.S. Payroll Operations

P.O. Box 6041

San Ramon, CA 94583-0741

Keep a copy for your files. You can change from one plan to another each calendar quarter.

* To change to the Chevron Voluntary Disability Insurance Plan (DIP) – mark Box A.
* To change to the California State Disability Insurance Plan – mark Box B.

**Chevron Voluntary DIP**

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| 1. [ ]  Enroll
2. [ ]  I am **not** enrolling in Chevron’s Voluntary DIP. By marking this box, you are electing

to enroll in the California State Disability Insurance Plan.Please indicate, in your handwriting on the following lines, *I do not wish to join the Chevron Voluntary Disability Insurance Plan (DIP).* |
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|  |

**Signature:** Date:

**PERNR or Social Security number (REQUIRED):**